Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 1 of 71

| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7 Chapter 11          |
|   | Chapter 12 Chapter 13         |

### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself  |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  | Lakisha                    |   |
|    | Write the name that is on   | First name                 | First name                                    |
|    | your government-issued picture identification (for                  | Middle name                | Middle name                                   |
|    | example, your driver's  | Smith                      |   |
|    | license or passport   | Last name                  | Last name                                     |
|    | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last   | First name                 | First name                                    |
|    | 8 years   |                            |   |
|    | Include your married or   | Middle name                | Middle name                                   |
|    | maiden names.   |                            |   |
|    |   | Last name                  | Last name                                     |
|    |   | First name                 | First name                                    |
|    |   | i ii st ii di ile          | Histilane                                     |
|    |   | Middle name                | Middle name                                   |
|    |   |                            |   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social                               | XXX - XX- 9266             | xxx - xx-                                     |
|    | Security number or federal Individual                               | OR                         | OR  |
|    | Taxpayer Identification number (ITIN)                               | 9 xx - xx-                 | 9 xx - xx-                                    |

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 2 of 71

| D  | ebtor 1 Lakisha<br>First Name                                | Smith  Middle Name Last Name  | Case number (if known)   |
|----|--|---|--|
|    |  |   |  |
|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                              | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
|    | Identification<br>Numbers (EIN) you<br>have used in the last | Business name   | Business name  |
|    | 8 years  | Business name   | Business name  |
|    | Include trade names and doing business as names              | EIN   | EIN  |
|    |  | EIN   | EIN  |
| 5. | Where you live   | 4407.11/40711.171.4.1.00  | If Debtor 2 lives at a different address:  |
|    |  | 1137 W 127th PI Apt C2<br>Number Street   | Number Street  |
|    |  | Calumet Park Illinois 60827 City State Zip Code   | City State Zip Code  |
|    |  | Cook  |  |
|    |  | County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number Street   | Number Street  |
|    |  |   |  |
| _  |  | City State Zip Code   | City State Zip Code  |
| 6. | Why you are choosing this district                           | Check one:  | Check one:   |
|    | to file for bankruptcy                                       | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                               |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 3 of 71

| De  | ebtor 1 Lakisha   |   | se number (if known)  |
|-----|---|---|---|
|     | First Name  | Middle Name Last Name   |   |
| Pa  | rt 2: Tell the Court Abo  | out Your Bankruptcy Case  |   |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  | Check one. (For a brief description of each, see Notice Required Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the Chapter 7  Chapter 11  Chapter 12  Chapter 13  |   |
| 8.  | How you will pay the fee  | <ul> <li>I will pay the entire fee when I file my petition. Please more details about how you may pay. Typically, if you a cashier's check, or money order If your attorney is submay pay with a credit card or check with a pre-printed at I need to pay the fee in installments. If you choose this Individuals to Pay Your Filing Fee in Installments (Office I request that my fee be waived (You may request this judge may, but is not required to, waive your fee, and me the official poverty line that applies to your family size a you choose this option, you must fill out the Application Form 103B) and file it with your petition.</li> </ul> | are paying the fee yourself, you may pay with cash, britting your payment on your behalf, your attorney address.  is option, sign and attach the <i>Application for</i> cial Form 103A).  Is option only if you are filing for Chapter 7. By law, a may do so only if your income is less than 150% of and you are unable to pay the fee in installments). If |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | District When MND District When   | 7/1/2014  |
|     | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Debtor District When  | Relationship to you  Case number, if known  Relationship to you  Case number, if known  |
| 11. | Do you rent your residence?   | <ul> <li>✓ No. Go to line 12.</li> <li>✓ Yes. Has your landlord obtained an eviction judgment again</li> <li>✓ No. Go to line 12.</li> <li>✓ Yes. Fill out <i>Initial Statement About an Eviction Judgment again</i></li> </ul>   |   |

### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 4 of 71

Smith Debtor 1 Lakisha \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. **|** For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have **V** No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 5 of 71

Debtor 1 Lakisha Smith Case number (if known)
First Name Middle Name Last Name

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

#### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Mair Document Page 6 of 71

Smith Debtor 1 Lakisha Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Lakisha Smith Signature of Debtor 1 Signature of Debtor 2 Executed on \_ 10/3/2017 Executed on MM / DD / YYYY MM / DD / YYYY

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 7 of 71

| Debtor 1 Lakisha                                 |                            | Smith                 | Case number (if k            | nown)  |
|--|----------------------------|-----------------------|------------------------------|--|
| First Name                                       | Middle Name                | Last Name             |                              |  |
| For your attorney, if you are represented by one | eligibility to proceed und | der Chapter 7, 11, 12 | 2, or 13 of title 11, United | ave informed the debtor(s) about<br>I States Code, and have explained the<br>so certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ  | ired by 11 U.S.C. §   | 342(b) and, in a case in w   | hich § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | have no knowledge after    | an inquiry that the i | information in the schedu    | ules filed with the petition is incorrect.   |
| attorney, you do not                             | 4.5                        |                       |                              | ·  |
| need to file this page.                          | /s/ Sean McNulty           |                       | Date                         | 10/3/2017  |
|  | Signature of Attorney f    | or Debtor             | M                            | M / DD / YYYY  |
|  |                            |                       |                              |  |
|  |                            |                       |                              |  |
|  | Sean McNulty               |                       |                              |  |
|  | Printed name               |                       |                              |  |
|  | Semrad Law Firm            |                       |                              |  |
|  | Firm name                  |                       |                              |  |
|  | 11101 S. Western Ave       | nue                   |                              |  |
|  | Street                     |                       |                              |  |
|  |                            |                       |                              |  |
|  |                            |                       |                              |  |
|  | Chicago                    |                       | Illinois                     | 60643  |
|  | City                       |                       | State                        | Zip Code   |
|  |                            |                       |                              |  |
|  | Contact phone              | 3128374030            | Email address                | smcnulty@semradlaw.com   |
|  |                            |                       |                              |  |
|  |                            |                       | Illinois                     |  |
|  | Bar number                 |                       | State                        |  |

### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 8 of 71

| Fill in this infor     | mation to identify your c | ase:        |                      |
|------------------------|---------------------------|-------------|----------------------|
| Debtor 1               | Lakisha                   |             | Smith                |
|                        | First Name                | Middle Name | Last Name            |
| Debtor 2               |                           |             |                      |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name            |
| United States E        | Bankruptcy Court for the: | Northern    | District of Illinois |
|                        |                           |             | (State)              |
| Case number (If known) |                           |             |                      |

|   | Check if | this    | is | an |
|---|----------|---------|----|----|
| _ | amende   | d filir | ng |    |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your assets Value of what you own                 |
|--|---|
|  |   |
| . Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B            | \$0.00  |
| Ta. Copy line 33, Total real estate, Iron Schedule PAD   | ¢10,005,00  |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$18,695.00<br>—                                  |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$18,695.00                                       |
| art 2: Summarize Your Liabilities  |   |
|  |   |
|  | Your liabilities Amount you owe                   |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                   | <b>#40.700.00</b>                                 |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$19,780.00<br>—————————————————————————————————— |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$0.00  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     | +   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$13,844.00                                       |
| Your total liabilities   | \$33,624.00                                       |
|  |   |
| Part 3: Summarize Your Income and Expenses   |   |
|  |   |
| . Schedule I: Your Income (Official Form 106I)   | \$3,021.41  |
|  | \$3,021.41  |
| . Schedule I: Your Income (Official Form 106I)   | \$3,021.41<br>\$2,496.00                          |

### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 9 of 71

Debtor 1 Lakisha Smith \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$3,720.94 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 10 of 71

| Fill in this               | inforn          | nation to identify your ca    | ase:                                  |           |   |                   |   |   |
|----------------------------|-----------------|-------------------------------|---------------------------------------|-----------|---|-------------------|---|---|
| Debtor 1                   |                 |                               |                                       |           | Consitle  |                   |   |   |
| Deptor i                   |                 | Lakisha<br>First Name         | Middle N                              | lame      | Smith<br>Last Name  |                   |   |   |
| Debtor 2<br>(Spouse, if fi | lina)           | First Name                    | Middle N                              |           | Last Nama   |                   |   |   |
|                            | -               | First Name                    |                                       | vame      | Last Name   |                   |   |   |
| United Sta                 | ates Ba         | ankruptcy Court for the:      | Northern                              |           | District of Illinois (State)  | _                 |   |   |
| Case num                   | ber             |                               |                                       |           |   |                   |   |   |
|                            |                 | - 400A/D                      |                                       |           |   |                   |   | Check if this is an   |
| Опісіа                     | II FC           | orm 106A/B                    |                                       |           |   |                   |   | amended filing  |
| Sche                       | dul             | e A/B: Prope                  | rty                                   |           |   |                   |   | 12/1  |
| category v<br>responsibl   | where<br>le for | you think it fits best. B     | Be as complete a<br>mation. If more s | nd ac     | asset only once. If an asset fit<br>curate as possible. If two man<br>is needed, attach a separate s<br>question. | ried people       | are filing together, both a               | are equally   |
| Part 1:                    | Desc            | ribe Each Residenc            | e, Building, La                       | nd, c     | r Other Real Estate You O   | wn or Have        | an Interest In                            |   |
|                            |                 |                               | uitable interest                      | in an     | y residence, building, land, or s   | similar prope     | erty?                                     |   |
| ~                          |                 | Go to Part 2                  |                                       |           |   |                   |   |   |
|                            | Yes.            | Where is the property?        |                                       |           |   |                   |   |   |
| 1.1                        |                 |                               |                                       | Wh        | at is the property? Check all tha<br>Single-family home   | t apply.          | the amount of any secu                    | claims or exemptions. Put ured claims on <i>Schedule D:</i> |
| 1                          | Stree           | t address, if available, or o | other description                     | H         | Duplex or multi-unit building   |                   | Creditors Who Have Cla                    | aims Secured by Property.                                   |
|                            |                 |                               |                                       | H         | Condominium or cooperative  |                   | Current value of the entire property?     | Current value of the portion you own?                       |
|                            |                 |                               |                                       |           | Manufactured or mobile home   |                   | ————                                      | ————  |
|                            | Num             | ber Street                    |                                       |           | Land  |                   | Describe the nature of                    | f vour ownership  |
|                            |                 |                               |                                       | Н         | Investment property Timeshare   |                   | interest (such as fee s                   | simple, tenancy by  |
|                            | City            | State                         | Zip Code                              | H         | Other   | _                 | the entireties, or a life                 | e estate), ii known.  |
|                            |                 |                               |                                       | Wh<br>one | o has an interest in the proper   | t <b>y?</b> Check | Check if this is co<br>(see instructions) | ommunity property   |
|                            |                 |                               |                                       |           | Debtor 1 only   |                   | Ш   |   |
|                            |                 |                               |                                       |           | Debtor 2 only   |                   |   |   |
|                            |                 |                               |                                       |           | Debtor 1 and Debtor 2 only  |                   |   |   |
|                            |                 |                               |                                       | Ш         | At least one of the debtors and a   |                   |   |   |
|                            |                 |                               |                                       |           | er information you wish to add<br>perty identification number:  | about this        | tem, such as local                        |   |
| If you                     | own c           | or have more than one, lis    | st here:                              |           |   |                   |   |   |
| 4.0                        |                 |                               |                                       | Wh        | at is the property? Check all tha   | t apply.          |   | claims or exemptions. Put ired claims on <i>Schedule D:</i> |
| 1.2                        | Stree           | t address, if available, or o | other description                     | H         | Single-family home  Duplex or multi-unit building   |                   |   | aims Secured by Property.                                   |
|                            |                 |                               |                                       | H         | Condominium or cooperative  |                   | Current value of the                      | Current value of the  |
|                            |                 |                               |                                       | Ħ         | Manufactured or mobile home   |                   | entire property?                          | portion you own?  |
|                            | Num             | ber Street                    |                                       |           | Land  |                   | Describe the nature of                    | f your ownership  |
|                            |                 |                               |                                       | Ш         | Investment property Timeshare   |                   | interest (such as fee s                   | simple, tenancy by  |
|                            | City            | State                         | Zip Code                              | H         | Other   | _                 | the entireties, or a life                 | e estate), if known.  |
|                            |                 |                               |                                       | Wh<br>one | o has an interest in the proper   | ty? Check         | Check if this is co<br>(see instructions) | ommunity property   |
|                            |                 |                               |                                       |           | Debtor 1 only   |                   | Ц   |   |
|                            |                 |                               |                                       |           | Debtor 2 only   |                   |   |   |
|                            |                 |                               |                                       |           | Debtor 1 and Debtor 2 only  |                   |   |   |
|                            |                 |                               |                                       |           | At least one of the debtors and a   |                   |   |   |
|                            |                 |                               |                                       |           | er information you wish to add<br>perty identification number:  | about this        | tem, such as local                        |   |

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 11 of 71

| Debtor 1    | Lakisha<br>First Name  | Middle Name                               | Smith<br>Last Name   | Case number      | (if known)   |   |
|-------------|--|---|--|------------------|--|---|
| 1.3         | et address, if available, or ot                                  | w   | /hat is the property? Check all that Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home   | apply.           | the amount of any secu   | claims or exemptions. Put red claims on <i>Schedule D: ims Secured by Property.</i> Current value of the portion you own? |
| Nur<br>City | nber Street<br>State   | Zip Code                                  | Land Investment property Timeshare Other   | _                | Describe the nature or interest (such as fee s the entireties, or a life | imple, tenancy by   |
|             |  | []<br>[]<br>[]<br>0                       | //ho has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add roperty identification number: | other            | Check if this is co<br>(see instructions)  such as local                 | mmunity property  |
|             | the dollar value of the po<br>ve attached for Part 1. Wr         | rtion you own for a<br>ite that number he | II of your entries from Part 1, includes.  | uding any entrie | s for pages  |   |
|             | Describe Your Vehicle  |   | in any vehicles, whether they are  | registered or no | t? Include any vehicles  |   |
| you own t   | hat someone else drives. If y<br>uns, trucks, tractors, sport ut | ou lease a vehicle, a                     | also report it on Schedule G: Executo  | -                | -  |   |
| 3.1         | Make<br>Model:<br>Year:  | Chevrolet<br>Trax<br>2016                 | Who has an interest in the proone.  Debtor 1 only  | perty? Check     | the amount of any secu   | claims or exemptions. Put<br>ured claims on <i>Schedule D:</i><br>aims Secured by Property.                               |
|             | Approximate mileage: Other information:                          | 14000                                     | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community   |                  | Current value of the entire property?<br>\$13950.00                      | Current value of the portion you own?<br>\$13950.00   |
| 3.2         | Make<br>Model:<br>Year:  |   | who has an interest in the proone.  Debtor 1 only  | perty? Check     | the amount of any secu   | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  |
|             | Approximate mileage: Other information:                          |   | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)   |                  | Current value of the entire property?                                    | Current value of the portion you own?   |

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 12 of 71

| otor 1 | Lakisha   |             | Smith   | Case numbe  | er (if known)  |   |
|--------|---|-------------|---|---|--|---|
|        | First Name  | Middle Name | Last Name   |   |  |   |
| 3.3    | Make<br>Model:  |             | Who has an interest in the prone.   | roperty? Check  | the amount of any secu   | claims or exemptions. Pured claims on Schedule nims Secured by Property   |
|        | Year:   |             | Debtor 1 only   |   | Creditors with mave Cia  | uns secured by Property   |
|        | Approximate mileage:  |             | Debtor 2 only   |   | Current value of the   | Current value of the  |
|        | Other information:  |             | Debtor 1 and Debtor 2 only  | y   | entire property?   | portion you own?  |
|        |   |             | At least one of the debtors   | and another   |  |   |
|        |   |             | Check if this is communitions instructions)   | ty property (see  |  |   |
| 3.4    | Make  |             | Who has an interest in the p  | roperty? Check  |  | claims or exemptions. P   |
|        | Model:  |             | one.  |   |  | red claims on <i>Schedule</i><br>nims Secured by Property   |
|        | Year: Approximate mileage:  |             | Debtor 1 only   |   | Creditors virio riave Cia  | ums secured by Property   |
|        | Approximate mileage.  |             | Debtor 2 only   |   | Current value of the   | Current value of the  |
|        | Other information:  |             | Debtor 1 and Debtor 2 only  | 1   | entire property?   | portion you own?  |
|        |   |             | At least one of the debtors   | and another   |  |   |
|        |   |             | Check if this is communitions instructions)   | ty property (see  |  |   |
| Exar   | nples: Boats, trailers, motors<br>No  | •           | er recreational vehicles, other v<br>t, fishing vessels, snowmobiles, m   | •   |  |   |
| Exar   | nples: Boats, trailers, motors<br>No<br>Yes   | •           | -   | otorcycle accessori   | es   | claims or exemptions. P   |
| Exar   | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:   | •           | who has an interest in the prone.   | otorcycle accessori   | Do not deduct secured the amount of any secu   | red claims on Schedule  |
| Exar   | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:  | •           | who has an interest in the prone.   | otorcycle accessori   | Do not deduct secured the amount of any secu   | •   |
| Exar   | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:   | •           | who has an interest in the prone.   | otorcycle accessori   | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule<br>hims Secured by Property<br>Current value of the  |
| Exar   | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:  | •           | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | roperty? Check  | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule<br>ims Secured by Property   |
| Exar   | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:  | •           | who has an interest in the prone.  Debtor 1 only Debtor 2 only  | roperty? Check  | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule<br>hims Secured by Property<br>Current value of the  |
| Exar   | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:  | •           | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | roperty? Check  y and another                                 | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule<br>hims Secured by Property<br>Current value of the  |
| 4.1    | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:  | •           | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communications.  | roperty? Check  y and another ty property (see                | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule ims Secured by Property  Current value of the portion you own?   |
| 4.1    | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                          | •           | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communications)  | roperty? Check  y and another ty property (see                | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured the amount of any secu   | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. Pared claims on Schedule  |
| 4.1    | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:                   | •           | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communicative instructions) Who has an interest in the property of the | roperty? Check  y and another ty property (see                | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured the amount of any secu   | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P hered claims on Schedule  |
| 4.1    | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                          | •           | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communicinstructions) Who has an interest in the prone.  | roperty? Check  y and another ty property (see                | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the  | red claims on Schedule ims Secured by Property  Current value of the portion you own?  claims or exemptions. Pured claims on Schedule ims Secured by Property  Current value of the |
| 4.1    | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:                   | •           | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communications; Who has an interest in the prone. Debtor 1 only  | roperty? Check  y and another ty property (see roperty? Check | Do not deduct secured the amount of any secu Creditors Who Have Clate Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Clate Creditors Who Have Clate Creditors Who Have Clate Control of the secured the amount of any secu Creditors Who Have Clate Control of the secured the sec | red claims on Schedule lims Secured by Property  Current value of the portion you own?  claims or exemptions. P lired claims on Schedule lims Secured by Property                   |
| 4.1    | nples: Boats, trailers, motors  No  Yes  Make  Model: Year: Approximate mileage:  Other information:  Make  Model: Year: Approximate mileage: | •           | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communities instructions)  Who has an interest in the prone. Debtor 1 only Debtor 2 only   | roperty? Check  y and another ty property (see roperty? Check | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the  | red claims on Schedule ims Secured by Property  Current value of the portion you own?  claims or exemptions. Pured claims on Schedule ims Secured by Property  Current value of the |
| 4.1    | nples: Boats, trailers, motors  No  Yes  Make  Model: Year: Approximate mileage:  Other information:  Make  Model: Year: Approximate mileage: | •           | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communicinstructions)  Who has an interest in the prone. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only  | roperty? Check  y and another ty property (see roperty? Check | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the  | red claims on Schedule ims Secured by Property  Current value of the portion you own?  claims or exemptions. Pured claims on Schedule ims Secured by Property  Current value of the |

#### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 13 of 71

Smith Debtor 1 Lakisha Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Living Room Set \$1000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Cell Phone \$200.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$300.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Gold and Silver Jewelry \$400.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$4415.00 for Part 3. Write that number here .....

#### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 14 of 71

Debtor 1 Lakisha Smith Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$300.00 17.1. Checking account: Chase \$20.00 17.2. Checking account: Health Care Associates CU 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ✓ Yes \$10.00 Davita Stock Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 15 of 71

| Debt | or 1 Lakisha                            |                                     | Smith                            | Case number (if known)                     |  |
|------|---|-------------------------------------|----------------------------------|--|--|
|      | First Name                              | Middle Name                         | Last Name                        |  |  |
| 20.  | Negotiable instrum                      |                                     | ers' checks, promissory no       | tes, and money orders.                     |  |
|      |   |                                     |                                  |  |  |
| 21.  | Retirement or pe<br>Examples: Interest  |                                     | 3(b), thrift savings accounts    | , or other pension or profit-sharing plans |  |
|      | ✓ No                                    |                                     | , ,,                             |  |  |
|      | Yes. List each                          | Type of account:                    | Institution name:                |  |  |
|      | account separately.                     | 401(k) or similar plan:             |                                  |  |  |
|      | 2 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Pension plan:                       |                                  |  |  |
|      |   | IRA:                                |                                  |  |  |
|      |   | Retirement account:                 |                                  |  |  |
|      |   | Keogh:                              |                                  |  |  |
|      |   | Additional account:                 | ·                                |  |  |
|      |   | Additional account:                 |                                  |  |  |
| 22.  | Your share of all u                     |                                     |                                  |  |  |
|      |   | Electric:                           |                                  | -  |  |
|      |   | Gas:                                |                                  |  |  |
|      |   | Heating oil:                        |                                  |  |  |
|      |   | Security deposit on rental un       | it:                              | -  |  |
|      |   | Prepaid rent:                       |                                  |  |  |
|      |   | Telephone:                          |                                  |  |  |
|      |   | Water:                              |                                  |  |  |
|      |   | Rented furniture:                   |                                  |  |  |
|      |   | Other:                              |                                  |  |  |
| 23.  | Annuities (A cont                       | ract for a periodic payment of mone | y to you, either for life or for | a number of years)                         |  |
|      | ✓ No  Yes                               | Issuer name and description:        |                                  |  |  |
|      |   |                                     |                                  |  |  |
|      |   |                                     |                                  |  |  |
|      |   |                                     |                                  |  |  |

# Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 16 of 71

| Debt | or 1 Lakisha<br>First Name   | Middle Name   | Smith<br>Last Name                        | Case number (if known)   |  |
|------|--|---|---|--|--|
| 24.  | Interests in a   | n education IRA, in an account in a   |   | a qualified state tuition program.   |  |
|      | _  | 530(b)(1), 529A(b), and 529(b)(1).  |   |  |  |
|      | ✓ No  Yes  | Institution name and description. Separ   | rately file the records of any interests. | 11 U.S.C. § 521(c):  |  |
|      |  |   |   |  |  |
|      |  |   |   |  |  |
| 25.  |  | able or future interests in property (o<br>or your benefit  | ther than anything listed in line 1)      | ), and rights or powers  |  |
|      | <b>✓</b> No  |   |   |  |  |
|      | Yes. Desc  | ribe  |   |  |  |
| 26.  | Patents, cop   | yrights, trademarks, trade secrets, a   | nd other intellectual property            |  |  |
|      |  | ernet domain names, websites, proceeds  |   | nents  |  |
|      | ✓ No  Yes. Desc  | ribe  |   |  |  |
|      |  |   |   |  |  |
| 27.  |  | nchises, and other general intangible   |   |  |  |
|      | No No  | Iding permits, exclusive licenses, cooper   | ative association notalings, liquor lice  | enses, professional licenses   |  |
|      | Yes. Desc  | ribe  |   |  |  |
|      |  |   |   |  |  |
|      |  |   |   |  |  |
| Mor  | ney or prope   | ty owed to you?   |   |  | Current value of the portion you own?  Do not deduct secured claims or exemptions.   |
|      | ney or prope   |   |   |  | portion you own? Do not deduct secured   |
|      | Tax refunds o  | wed to you  |   | Federal:   | portion you own?  Do not deduct secured claims or exemptions.  |
|      | Tax refunds or  No Yes. Give about   | wed to you specific information t them, including whether   |   | Federal:<br>State:   | portion you own? Do not deduct secured claims or exemptions.   |
|      | Tax refunds or  No Yes. Give about your  | wed to you specific information   |   | State:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give about your and for the support of the | specific information t them, including whether already filed the returns he tax years   | anost, shild suppost, maintananae, di     | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give about your and and are refunds or ref | specific information t them, including whether already filed the returns the tax years  | pport, child support, maintenance, di     | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information t them, including whether already filed the returns he tax years   | oport, child support, maintenance, di     | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information t them, including whether already filed the returns the tax years  t due or lump sum alimony, spousal sup  | pport, child support, maintenance, di     | State:  Local:  vorce settlement, property settlement  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information t them, including whether already filed the returns the tax years  t due or lump sum alimony, spousal sup  | oport, child support, maintenance, di     | State:  Local:  vorce settlement, property settlement  Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t  \$0.00  |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information t them, including whether already filed the returns the tax years  t due or lump sum alimony, spousal sup  | pport, child support, maintenance, di     | State:  Local:  vorce settlement, property settlement  Alimony:  Maintenance:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00   |
| 28.  | Tax refunds or  ✓ No  Yes. Give about your and a second of the second o  | specific information t them, including whether already filed the returns he tax years   | oport, child support, maintenance, di     | State: Local:  vorce settlement, property settlement Alimony: Maintenance: Support:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00   |
| 29.  | Tax refunds or  No Yes. Give about you and   | specific information t them, including whether already filed the returns the tax years  t due or lump sum alimony, spousal sup  | s, disability benefits, sick pay, vacatic | State: Local:  vorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 |
| 29.  | Tax refunds or  No Yes. Give about you and   | specific information t them, including whether already filed the returns he tax years   | s, disability benefits, sick pay, vacatic | State: Local:  vorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 |
| 29.  | Tax refunds or  No Yes. Give about you and   | specific information t them, including whether already filed the returns he tax years   t due or lump sum alimony, spousal sup specific information  s someone owes you aid wages, disability insurance payment ial Security benefits; unpaid loans you m | s, disability benefits, sick pay, vacatic | State: Local:  vorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 |

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 17 of 71

| Deb <sup>-</sup> | tor 1 Lakisha  |  | Smith   | Case number (if known)                         |  |
|------------------|--|--|---|--|--|
|                  | First Name   | Middle Name  | e Last Name   |  |  |
| 31.              | Interests in insurance Examples: Health, disa            |  | ealth savings account (HSA); credit,                                | nomeowner's, or renter's insurance             |  |
|                  | Yes. Name the ins of each policy and                     |  | Company name:   | Beneficiary:                                   | Surrender or refund value:   |
| 32.              |  | ry of a living trust, expect                         | someone who has died<br>proceeds from a life insurance police       | cy, or are currently entitled to receive       |  |
| 33.              | Claims against third                                     |  | you have filed a lawsuit or made<br>urance claims, or rights to sue | a demand for payment                           |  |
| 34.              | Other contingent and to set off claims  No Yes. Describe | d unliquidated claims o                              | f every nature, including counter                                   | claims of the debtor and rights                |  |
| 35.              | Any financial assets y  No Yes. Describe                 | you did not already list                             |   |  |  |
| 36.              |  | -  | m Part 4, including any entries f                                   |  | \$330.00   |
| Part             | _  |  |   | nterest In. List any real estate in Par        | t 1.   |
| 37.              | No. Go to Part 6.  Yes. Go to line 38                    |  | nterest in any business-related p                                   |  | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.              | Accounts receivable  No                                  | or commissions you all                               | ready earned  |  | or exemptions  |
|                  | Yes. Describe  |  |   |  |  |
| 39.              | Examples: Business-re                                    | rnishings, and supplies<br>elated computers, softwar | e, modems, printers, copiers, fax m                                 | achines, rugs, telephones, desks, chairs, elec | etronic devices  |
|                  | Yes. Describe  |  |   |  |  |
|                  |  |  |   |  |  |

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 18 of 71

| Deb   | tor 1 Lakisha                   |   | Smith                            | Case number (if known)     |  |           |
|-------|---------------------------------|---|----------------------------------|----------------------------|--|-----------|
| ı     | First Name                      | Middle Name                                     | Last Name                        |                            |  |           |
| 40.   | Machinery, fixtures, e          | quipment, supplies you use in bu                | siness, and tools of your trade  | •                          |  |           |
|       | <b>✓</b> No                     |   |                                  |                            |  |           |
|       | Yes. Describe                   |   |                                  |                            |  |           |
|       | _                               |   |                                  |                            |  |           |
|       |                                 |   |                                  |                            |  |           |
| 41.   | Inventory                       |   |                                  |                            |  |           |
|       | <b>✓</b> No                     |   |                                  |                            |  |           |
|       | Yes. Describe                   |   |                                  |                            |  |           |
|       | _                               |   |                                  |                            |  |           |
| 40    | Total control of the control of |   |                                  |                            |  |           |
| 42.   | Interests in partnersh          | ips or joint ventures                           |                                  |                            |  |           |
|       | ✓ No                            | Name of   | ontity:                          | % of ownership:            |  |           |
|       | Yes. Give specific              | Name of   | errity.                          | 70 Of Ownership.           |  |           |
|       | information about them          |   |                                  |                            |  |           |
|       | шеш                             |   |                                  |                            |  |           |
|       |                                 |   |                                  |                            |  |           |
| 40    | O                               |   |                                  | <del></del>                |  |           |
| 43. ( | Customer lists, mailing         | lists, or other compilations                    |                                  |                            |  |           |
|       | <b>✓</b> No                     |   |                                  |                            |  |           |
|       | Yes. Do your lists in           | nclude personally identifiable inform           | ation (as defined in 11 U.S.C. § | 101(41A))?                 |  |           |
|       | ☐ No                            |   |                                  |                            |  |           |
|       | Yes. Descri                     | rihe  |                                  |                            |  |           |
|       | 163. 2630                       |   |                                  |                            |  |           |
| 44.   | Any business-related            | property you did not already list               |                                  |                            |  |           |
|       | <b>✓</b> No                     |   |                                  |                            |  |           |
|       | $\stackrel{\smile}{=}$          |   |                                  |                            |  |           |
|       | Yes. Give specific information  |   |                                  |                            |  |           |
|       |                                 |   |                                  |                            |  |           |
|       |                                 |   |                                  |                            | <del></del>                            |           |
|       |                                 |   |                                  |                            |  |           |
|       |                                 |   |                                  |                            |  |           |
|       |                                 |   |                                  |                            | <u> </u>                               |           |
|       |                                 |   |                                  |                            |  |           |
|       |                                 |   |                                  |                            |  |           |
|       |                                 | all of your entries from Part 5, inc<br>er here |                                  | ou have attached           |  |           |
| •     |                                 |   |                                  |                            |  |           |
| Part  |                                 | arm- and Commercial Fishin                      | g-Related Property You O         | wn or Have an Interest In. |  |           |
|       | If you own or have an           | interest in farmland, list it in Part 1.        |                                  |                            |  |           |
| 46.   | Do you own or have a            | ny legal or equitable interest in a             | any farm- or commercial fishin   | g-related property?        |  |           |
|       | No. Go to Part 7.               |   |                                  |                            | Current value of the                   |           |
|       | Yes. Go to line 47.             |   |                                  |                            | portion you own?  Do not deduct secure | d claims  |
|       |                                 |   |                                  |                            | or exemptions                          | a diaming |
| 47.   | Farm animals                    |   |                                  |                            |  |           |
|       | Examples: Livestock, po         | oultry, farm-raised fish                        |                                  |                            |  |           |
|       | <b>✓</b> No                     |   |                                  |                            |  |           |
|       | Yes. Describe                   |   |                                  |                            |  |           |
|       | _                               |   |                                  |                            |  |           |
|       |                                 |   |                                  |                            |  |           |

# Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 19 of 71

| Debt         | tor 1 Lakisha<br>First Name    |  | Smith (                | Case number (if known)         |              |
|--------------|--------------------------------|--|------------------------|--------------------------------|--------------|
| 48.          | Crops-either growing           |  | ast Name               |                                |              |
|              | ✓ No Yes. Describe             |  |                        |                                |              |
| 49.          | Farm and fishing equip         | <br>oment, implements, machinery, fixture                              | es, and tools of trade |                                |              |
|              | <b>√</b> No                    |  |                        |                                |              |
|              | Yes. Describe                  |  |                        |                                |              |
| 50.          | Farm and fishing supp          | lies, chemicals, and feed  |                        |                                |              |
|              | <b>✓</b> No                    |  |                        |                                |              |
|              | Yes. Describe                  |  |                        |                                |              |
|              |                                |  |                        |                                |              |
| 51.          |                                | rcial fishing-related property you did r                               | not aiready list       |                                |              |
|              | ✓ No  Yes. Describe            |  |                        |                                |              |
|              |                                |  |                        |                                |              |
|              |                                | Il of your entries from Part 6, including                              |                        | have attached                  |              |
|              |                                |  |                        | _                              |              |
|              | _                              |  |                        |                                |              |
| Part         |                                | perty You Own or Have an Intere  |                        | List Above                     |              |
| 55.          |                                | perty of any kind you did not already li<br>s, country club membership | istr                   |                                |              |
|              | ✓ No                           |  |                        |                                |              |
|              | Yes. Give specific information |  |                        |                                |              |
|              | imonnation                     |  |                        |                                |              |
|              |                                |  |                        |                                |              |
| 54. A        | dd the dollar value of al      | I of your entries from Part 7. Write tha                               | at number here         | )                              | <u> </u>     |
|              |                                |  |                        |                                |              |
|              |                                |  |                        |                                |              |
|              |                                |  |                        |                                |              |
| Part 8       | 8: List the Totals of          | Each Part of this Form   |                        |                                |              |
| 55. <b>F</b> | Part 1: Total real estate      | , line 2   |                        | <b>&gt;</b>                    | Ī I          |
| 56. <b>r</b> | oart 2 total vehicles, lin     | e 5  | \$13950.00             |                                |              |
| 57. <b>P</b> | art 3: Total personal an       | nd household items, line 15  | \$4415.00              |                                |              |
| 58. <b>P</b> | art 4: Total financial as      | ssets, line 36   | \$330.00               |                                |              |
| 59. <b>F</b> | Part 5: Total business-re      | elated property, line 45   |                        |                                |              |
| 60. <b>F</b> | Part 6: Total farm- and f      | fishing-related property, line 52                                      |                        |                                |              |
| 61. <b>F</b> | Part 7: Total other prop       | erty not listed, line 54   |                        |                                |              |
| 62.1         | Fotal personal property.       | Add lines 56 through 61  | \$18695.00             | Copy personal property total ▶ | + \$18695.00 |
|              |                                |  |                        |                                | \$18695.00   |
| 63. <b>T</b> | otal of all property on S      | schedule A/B. Add line 55 + line 62                                    |                        |                                |              |

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 20 of 71

| Debtor 1 | Lakisha    |             | Smith     | Case number (if known) |  |
|----------|------------|-------------|-----------|------------------------|--|
| İ        | First Name | Middle Name | Last Name |                        |  |

### Schedule A/B: Property. Additional page

| Pa | nt 3: Describe     | our Personal and Household Items   |           |
|----|--------------------|--|-----------|
| D  | o you own or ha    | Current value of the portion you own?  Do not deduct secured claims or exemptions. |           |
| 6  | .2. Household good | ds and furnishings   |           |
| П  | No                 |  |           |
| V  | Yes. Describe      | Bedroom Set  | \$300.00  |
| 6  | .3. Household good | ds and furnishings   |           |
| П  | No                 |  |           |
| V  | Yes. Describe      | Dining Room Set  | \$100.00  |
| 6  | .4. Household good | ds and furnishings   |           |
| П  | No                 |  |           |
| V  | Yes. Describe      | Day Bed  | \$100.00  |
| 6  | .5. Household good | ds and furnishings   |           |
| П  | No                 | •  |           |
| V  | Yes. Describe      | Misc. Household Goods  | \$200.00  |
| 7  | .2. Electronics    |  |           |
| П  | No                 |  |           |
| V  | Yes. Describe      | Televisions (4)  | \$1500.00 |
| 7  | .3. Electronics    |  |           |
| П  | No                 |  |           |
| V  | Yes. Describe      | Computers (2)  | \$300.00  |
| 7  | .4. Electronics    |  |           |
| П  | No                 |  |           |
| V  | Yes. Describe      | Tablet (Broken)  | \$5.00    |
| 1  | 2.2. Jewelry       |  |           |
| Ы  | No                 |  |           |
|    | Yes. Describe      | Misc. Costume Jewelry  | \$10.00   |

### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 21 of 71

| Official                  | Form 106C                    |                |                      | amended filing     |
|---------------------------|------------------------------|----------------|----------------------|--------------------|
| O.(;, ; )                 | F 4000                       |                |                      | Check if this is a |
| Case number<br>(If known) |                              |                |                      |                    |
|                           | <del></del>                  |                | (State)              |                    |
| United States I           | Bankruptcy Court for the: No | orthern        | District of Illinois |                    |
| (Spouse, if filing)       | First Name                   | Middle Name    | Last Name            |                    |
| Debtor 2                  | i not i tamo                 | Wildalo Hairio | East Hamo            |                    |
| Debtor 1                  | First Name                   | Middle Name    | Last Name            |                    |
| Debtor 1                  | Lakisha                      |                | Smith                |                    |

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pai  | t 1: Identify the Property You Claim   | n as Exempt                         |   |                                    |  |  |  |
|--|--|-------------------------------------|---|------------------------------------|--|--|--|
| 1.   | Which set of exemptions are you claiming   | ng? Check one only, ev              | ven if your spouse is filing with you.  |                                    |  |  |  |
|  | You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) |                                     |   |                                    |  |  |  |
| You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) |  |                                     |   |                                    |  |  |  |
| 2.   | For any property you list on Schedule A/   | B that you claim as e               | xempt, fill in the information below.   |                                    |  |  |  |
|  | Brief description of the property and  | Current value of                    | Amount of the exemption you claim   | Specific laws that allow exemption |  |  |  |
|  | line on Schedule A/B that lists this property                                      | the portion you<br>own              | Check only one box for each exemption.  |                                    |  |  |  |
|  |  | Copy the value from<br>Schedule A/B |   |                                    |  |  |  |
|  | Brief  |                                     |   | 735 ILCS 5/12-1001(b)              |  |  |  |
|  | description:   | \$1,000.00                          | \$1,000.00  |                                    |  |  |  |
|  | Living Room Set  |                                     | 100% of fair market value, up to any  | _                                  |  |  |  |
|  | Line from Schedule A/B: 06   |                                     | applicable statutory limit  |                                    |  |  |  |
|  | Brief  |                                     |   | 735 ILCS 5/12-1001(b)              |  |  |  |
|  | description:   | \$300.00                            | \$300.00  |                                    |  |  |  |
|  | Bedroom Set Line from  |                                     | 100% of fair market value, up to any  | -                                  |  |  |  |
|  | Schedule A/B: 06   |                                     | applicable statutory limit  |                                    |  |  |  |
| 3.   | ✓ No   | ry 3 years after that for           | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? |                                    |  |  |  |

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 22 of 71

Debtor 1 Lakisha Smith Case number (If known)
First Name Middle Name Last Name

| Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemptio |
|---|---|---|-----------------------------------|
| Brief description: Dining Room Set  | \$100.00  | \$100.00  | 735 ILCS 5/12-1001(b)             |
| Line from Schedule A/B: 06  |   | 100% of fair market value, up to any applicable statutory limit           |                                   |
| Brief description:  | \$100.00  | <b>V</b>  | 735 ILCS 5/12-1001(b)             |
| Day Bed Line from Schedule A/B: 06  | _   | \$100.00  100% of fair market value, up to any applicable statutory limit | _                                 |
| Brief<br>description:   | \$300.00  | \$200.00  | 735 ILCS 5/12-1001(a)             |
| Used Clothing Line from Schedule A/B: 11  |   | \$300.00  100% of fair market value, up to any applicable statutory limit | _                                 |
| Brief description:  | \$400.00  | \$400.00  | 735 ILCS 5/12-1001(b)             |
| Gold and Silver Jewelry  Line from  Schedule A/B: 12                                |   | 100% of fair market value, up to any applicable statutory limit           | _                                 |
| Brief<br>description:<br>Misc. Costume Jewelry                                      | \$10.00   | \$10.00   | 735 ILCS 5/12-1001(b)             |
| Line from Schedule A/B: 12  |   | 100% of fair market value, up to any applicable statutory limit           | _                                 |
| Brief<br>description:<br>Cell Phone   | \$200.00  | \$200.00  | 735 ILCS 5/12-1001(b)             |
| Line from Schedule A/B: 07  |   | 100% of fair market value, up to any applicable statutory limit           | <del>-</del>                      |
| Brief<br>description:<br>Televisions (4)  | \$1,500.00  | \$1,055.00  | 735 ILCS 5/12-1001(b)             |
| Line from Schedule A/B: 07  |   | 100% of fair market value, up to any applicable statutory limit           |                                   |
| Brief description:  | \$300.00  | \$300.00  | 735 ILCS 5/12-1001(b)             |
| Computers (2) Line from Schedule A/B: 07  |   | 100% of fair market value, up to any applicable statutory limit           | _                                 |
| Brief description:  | \$5.00  | \$5.00  | 735 ILCS 5/12-1001(b)             |
| Tablet (Broken)  Line from  Schedule A/B:07   |   | 100% of fair market value, up to any applicable statutory limit           | _                                 |
| Brief<br>description:   | \$200.00  | \$200.00  | 735 ILCS 5/12-1001(b)             |
| Misc. Household Goods  Line from  Schedule A/B: 06                                  |   | 100% of fair market value, up to any applicable statutory limit           | _                                 |

#### Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Case 17-29565 Doc 1 Document Page 23 of 71

Debtor 1 Lakisha Smith Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$300.00 description: **✓** \$300.00 Checking account, 100% of fair market value, up to any Chase applicable statutory limit Line from Schedule A/B: 17 735 ILCS 5/12-1001(c); 735 ILCS Brief \$13,950.00 description: 5/12-1001(b) **✓** \$0 Chevrolet Trax, 2016 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 03 735 ILCS 5/12-1001(b) Brief \$20.00 description: \$20.00 Checking account, 100% of fair market value, up to any **Health Care Associates** applicable statutory limit CU Line from 17 Schedule A/B: Brief 735 ILCS 5/12-1001(b) \$10.00 description:  $\checkmark$ \$10.00 **Davita Stock** 100% of fair market value, up to any

applicable statutory limit

Line from

Schedule A/B:

18

### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 24 of 71

|                             |   | Do  | ocument Page 24 of   | 71  |   |                                      |
|-----------------------------|---|---|--|---|---|--------------------------------------|
| Fill in this                | information to identify your ca   | ase:  |  |   |   |                                      |
| Debtor 1                    | Lakisha<br>First Name   | Middle Name   | Smith<br>Last Name   |   |   |                                      |
| Debtor 2<br>(Spouse, if fil |   | Middle Name   | Last Name  |   |   |                                      |
| United Sta                  | ites Bankruptcy Court for the:  | Northern  | District of Illinois (State)   |   |   |                                      |
| Case num<br>(If known)      | ber   |   | (Guito)  |   |   |                                      |
| Offici                      | al Form 106D  |   |  |   |   | Check if this is a<br>amended filing |
| Sche                        | dule D: Credit  | ors Who Ha  | ve Claims Secur  | ed by Prop  | ertv  | 12/1                                 |
| 1. Do a                     | case number (if known).<br>ny creditors have claims s   | ecured by your proper   | nber the entries, and attach it to   | ·   |   | jes, write your                      |
| 2. <b>Lis</b> sep           | t all secured claims. If a credit arately for each claim. If more that 2. As much as possible, list   | han one creditor has a par  | cured claim, list the creditor<br>ticular claim, list the other creditors<br>order according to the creditor's | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any    |
| SAI City Wh                 | o owes the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt | 2016 Chevrolet Trax  As of the date you file Contingent Unliquidated Disputed  Nature of lien. Check and agreement you car loan) Statutory lien (such Judgment lien from Other (including a research) | made (such as mortgage or secured as tax lien, mechanic's lien) n a lawsuit ight to offset)                    |   | \$13,950.00   | \$5,830.00                           |
|                             | te debt was <u>10/2016</u><br>urred   | Last 4 digits of accou  | nt number1001  |   |   |                                      |

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$19,780.00

Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 25 of 71

| <b></b>         |                 |                           |   |                      |  |              |                    |                  |
|-----------------|-----------------|---------------------------|---|----------------------|--|--------------|--------------------|------------------|
| FIII II         | n this infor    | mation to identify your c | case:   |                      |  |              |                    |                  |
| Deb             | tor 1           | Lakisha                   |   | Smith                |  |              |                    |                  |
|                 |                 | First Name                | Middle Name   | Last Name            |  |              |                    |                  |
| Deb             |                 |                           |   |                      |  |              |                    |                  |
| (Spot           | use, if filing) | First Name                | Middle Name   | Last Name            |  |              |                    |                  |
| Unit            | ed States E     | Bankruptcy Court for the: | Northern  | District of Illinois |  |              |                    |                  |
|                 |                 | . ,                       |   | (State)              |  |              |                    |                  |
| Case<br>(If kno | e number        |                           |   |                      |  |              |                    |                  |
| ,               |                 | 4005/5                    |   |                      |  | ☐ Ch         | ack if this is a   | n amended filing |
| Off             | icial F         | orm 106E/F                |   |                      |  |              | eck ii tilis is ai | i amended illing |
| Sc              | hedu            | ule E/F: Cre              | editors Who   | <b>Have Unse</b>     | cured Claims   |              |                    | 12/15            |
|                 |                 |                           |   |                      | ns and Part 2 for creditors wit<br>. Also list executory contracts       |              |                    |                  |
|                 |                 |                           |   |                      | Form 106G). Do not include a f more space is needed, copy                |              |                    |                  |
|                 |                 |                           |   |                      | top of any additional pages, v   |              |                    |                  |
| know            | /n).            |                           |   |                      |  | •            |                    | •                |
| Pari            | List            | All of Your PRIORIT       | Y Unsecured Claims  |                      |  |              |                    |                  |
| 1.              | Do any c        | reditors have priority ur | nsecured claims against y                                     | ou?                  |  |              |                    |                  |
|                 |                 | Go to Part 2.             | ,   |                      |  |              |                    |                  |
|                 | Yes.            |                           |   |                      |  |              |                    |                  |
| 2.              |                 |                           |   |                      | ecured claim, list the creditor ser<br>ts, list that claim here and show |              |                    |                  |
|                 |                 |                           | s in alphabetical order accor<br>re than one creditor holds a |                      | e. If you have more than two pr  | iority unsec | cured claims, f    | ill out the      |
|                 |                 | · ·                       | claim, see the instructions                                   | 1 /                  |  |              |                    |                  |
|                 |                 |                           |   |                      |  | Total        | Priority           | Nonpriority      |

claim

amount

amount

#### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 26 of 71

Smith Debtor 1 Lakisha Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 Advocate Health Care \$243.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 48458 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Michigan 48237 Oak Park City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **V** Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other Other. Specify \_\_\_ Is the claim subject to offset? Yes 4.2 Advocate Medical Group \$38.00 Last 4 digits of account number Nonpriority Creditor's Name 8550 W Byn Mawr Ave # 8th Floor When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60631 Chicago City Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other Other. Specify \_\_\_\_ Is the claim subject to offset? **✓** No Yes BARCLAYS BANK DELAWARE 4.3 \$674.00 Last 4 digits of account number 1972 Nonpriority Creditor's Name When was the debt incurred? 8/2016 125 S WEST ST Number As of the date you file, the claim is: Check all that apply. Contingent WILMINGTON Delaware 19801 Unliquidated City State Zip Code Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No Yes

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 27 of 71

Debtor 1 Lakisha Smith Case number (if known) Last Name Case number (if known)

| Part 2 |   |  | Total alsim |
|--------|---|--|-------------|
|        | After listing any entries on this page, number them beginning | y with 4.5, tollowed by 4.6, and so forth.   | Total claim |
| 4.4    | CAPITALONE Nonpriority Creditor's Name                        | Last 4 digits of account number 2694   | \$1,469.00  |
|        | c/o Pollack & Rosen, P.C                                      | When was the debt incurred? 5/2016   |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.   |             |
|        | 1825 Barrett Lakes Blvd Suite 510                             | Contingent   |             |
|        | Kennesaw Georgia 30144  | — Unliquidated   |             |
|        | City State Zip Code   |  |             |
|        | Who incurred the debt? Check one.  Debtor 1 only              | Disputed   |             |
|        | <u> </u>  | Type of NONPRIORITY unsecured claim:   |             |
|        | Debtor 2 only   | Student loans  |             |
|        | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or   |             |
|        | At least one of the debtors and another                       | divorce that you did not report as priority claims   |             |
|        | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts  |             |
|        | Is the claim subject to offset?                               | Other. Specify CreditCard  |             |
|        | <b>✓</b> No   |  |             |
|        | Yes   |  |             |
| 4.5    | CAPITALONE  | Lord Alberta of the control of the c | \$483.00    |
|        | Nonpriority Creditor's Name                                   | Last 4 digits of account number 9654   | <u> </u>    |
|        | c/o Pollack & Rosen, P.C Number Street                        | When was the debt incurred? 1/2016   |             |
|        | 1825 Barrett Lakes Blvd Suite 510                             | As of the date you file, the claim is: Check all that apply.   |             |
|        |   | Contingent   |             |
|        | KennesawGeorgia30144CityStateZip Code                         | Unliquidated   |             |
|        | Who incurred the debt? Check one.  Debtor 1 only              | Disputed   |             |
|        | Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |             |
|        | <u></u>   | Student loans  |             |
|        | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or   |             |
|        | At least one of the debtors and another                       | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar  |             |
|        | Check if this claim relates to a community debt               | debts  |             |
|        | Is the claim subject to offset?                               | Other. Specify CreditCard  |             |
|        | <b>✓</b> No   |  |             |
|        | Yes   |  |             |
| 4.0    |   |  | ФГ1 Г 00    |
| 4.6    | CBNA Nonpriority Creditor's Name                              | Last 4 digits of account number 0801   | \$515.00    |
|        | Po Box 6497   | When was the debt incurred? 11/2016  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.   |             |
|        |   | Contingent   |             |
|        | Sioux Falls South Dakota 57117                                | — Unliquidated   |             |
|        | City State Zip Code   | Disputed   |             |
|        | Who incurred the debt? Check one.  Debtor 1 only              |  |             |
|        | Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |             |
|        |   | Student loans  |             |
|        | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or   |             |
|        | At least one of the debtors and another                       | divorce that you did not report as priority claims   |             |
|        | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts  |             |
|        | Is the claim subject to offset?                               | Other. Specify CreditCard  |             |
|        | ✓ No  | _  |             |
|        | Yes   |  |             |

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 28 of 71

 Debtor 1 First Name
 Lakisha
 Smith
 Case number (if known)

 Last Name
 Last Name

| City of Chicago Parking Nonpriority Creditor's Name 121 N. LaSalle St # 107A Number Street               | — Last 4 digits of account number  | \$600.00 |
|--|--|----------|
|  | When was the debt incurred? n/a  |          |
|  | As of the date you file, the claim is: Check all that apply.  Contingent   |          |
| Chicago Illinois 60602 City State Zip Code Who incurred the debt? Check one.                             | Unliquidated Disputed  |          |
| Debtor 1 only  Debtor 2 only   | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or                                |          |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another                                      | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                    |          |
| ☐ Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No ☐ Yes           | Other. Specify Other   |          |
| ComEd Nonpriority Creditor's Name  | Last 4 digits of account number  | \$377.00 |
| 3 Lincoln Center   | When was the debt incurred?n/a   |          |
| Number Street  Bankruptcy Section  | As of the date you file, the claim is: Check all that apply.  — Contingent   |          |
| Oakbrook Terrace Illinois 60181  | Unliquidated   |          |
| Oakbrook Terrace         Illinois         60181           City         State         Zip Code            | Disputed   |          |
| Who incurred the debt? Check one.  Debtor 1 only   | Type of NONPRIORITY unsecured claim:   |          |
| Debtor 2 only  | Student loans  Obligations arising out of a separation agreement or  |          |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another                                      | <ul><li>divorce that you did not report as priority claims</li><li>Debts to pension or profit-sharing plans, and other similar</li></ul> |          |
| Check if this claim relates to a community debt  | debts  Other. Specify Other  |          |
| Is the claim subject to offset?  No  Yes   |  |          |
| CREDIT ONE BANK NA Nonpriority Creditor's Name PO BOX 98875  | Last 4 digits of account number 3593 When was the debt incurred? 12/2016   | \$420.00 |
| Number Street  | As of the date you file, the claim is: Check all that apply.  Contingent   |          |
| LAS VEGAS     Nevada     89193       City     State     Zip Code       Who incurred the debt? Check one. | Unliquidated Disputed  |          |
| Debtor 1 only  | Type of NONPRIORITY unsecured claim:   |          |
| Debtor 2 only  | Student loans  |          |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                  |          |
| Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar debts  |          |
| Is the claim subject to offset?  | Other. Specify CreditCard  |          |

#### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 29 of 71

Smith Debtor 1 Lakisha Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 \$383.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 459080 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 33345 Fort Lauderdale Florida City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Other Is the claim subject to offset? **✓** No Yes 4.11 ICS, Inc \$164.00 Last 4 digits of account number \_ Nonpriority Creditor's Name PO Box 1010 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Tinley Park Illinois 60477 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other Other. Specify \_ Is the claim subject to offset? **✓** No Yes Illinois Tollway 4.12 \$700.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2700 Ogden Ave n/a Number Street As of the date you file, the claim is: Check all that apply. Legal Dept Contingent Unliquidated Illinois 60515 Downers Grove City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset?

✓ No Yes

#### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 30 of 71

Smith Debtor 1 Lakisha Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 MACYS/FDSB \$700.00 Last 4 digits of account number Nonpriority Creditor's Name 9111 DUKE BLVD When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 45040 MASON Ohio City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Other Is the claim subject to offset? **✓** No Yes 4.14 PLS Financial \$2,300.00 Last 4 digits of account number \_ Nonpriority Creditor's Name One South Wacker Dr 36th Floor When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60606 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other Other. Specify \_ Is the claim subject to offset? **✓** No Yes Providea Health Partners, LLC 4.15 \$100.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 10260 191st St Ste 100 n/a Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60448 Mokena Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset?

✓ No Yes

#### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 31 of 71

Smith Debtor 1 Lakisha Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** SYNCB/WALMART 4.16 \$428.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 10/2016 Po Box 530927 Number As of the date you file, the claim is: Check all that apply. Contingent Atlanta Georgia 30353 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes 4.17 Trident University International \$4,000.00 Last 4 digits of account number Nonpriority Creditor's Name 5757 Plaza Drive ste 100 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. c/o Adrienne Robertson Contingent Unliquidated California 90630 Cypress City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_ Other Is the claim subject to offset? **✓** No Yes US DEPT OF ED/GLELSI 4.18 \$14,579.00 8581 Last 4 digits of account number Nonpriority Creditor's Name 2401 INTÉRNATIONAL LN When was the debt incurred? 8/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent MADISON 53704 Wisconsin Unliquidated City Zip Code State Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts

✓ No Yes

Is the claim subject to offset?

Other. Specify \_

#### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 32 of 71

Smith Debtor 1 Lakisha Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** US DEPT OF ED/GLELSI 4.19 \$13,320.00 Last 4 digits of account number Nonpriority Creditor's Name 2401 INTÉRNATIONAL LN When was the debt incurred? 8/2009 Number Street As of the date you file, the claim is: Check all that apply. Contingent MADISON Wisconsin 53704 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes 4.20 US DEPT OF ED/GLELSI \$3,806.00 Last 4 digits of account number 8581 Nonpriority Creditor's Name 2401 INTÉRNATIONAL LN When was the debt incurred? 1/2017 Number Street As of the date you file, the claim is: Check all that apply. Contingent MADISON Wisconsin 53704 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes Village of Crestwood 4.21 \$250.00 Last 4 digits of account number Nonpriority Creditor's Name 13840 S. Cicero Crestwood When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Midlothian Illinois 60445 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset?

✓ No Yes Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 33 of 71

Debtor 1 Lakisha Smith Case number (if known)

| FIRST Na                    | me Middle Name Last Name  |         |                      |       |
|-----------------------------|---|---------|----------------------|-------|
| Part 4: Add t               | ne Amounts for Each Type of Unsecured Claim   |         |                      |       |
|                             | amounts of certain types of unsecured claims. This information is<br>nounts for each type of unsecured claim. | s for s | tatistical reporting | purpo |
|                             |   |         | Total claims         |       |
| Total claims from Part 1    | 6a. Domestic support obligations.   | 6a.     | \$0.00               |       |
|                             | 6b. Taxes and certain other debts you owe the government  | 6b.     | \$0.00               |       |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c.     | \$0.00               |       |
|                             | 6d. Other. Add all other priority unsecured claims. Write that  | 6d.     | \$0.00               |       |
|                             | amount here.  | •       | \$0.00               |       |
|                             | 6e. Total. Add lines 6a through 6d.   | 6e.     |                      |       |
|                             |   |         | Total claims         |       |
| Total claims<br>from Part 2 | 6f. Student loans   | 6f.     | \$31,705.00          |       |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims   | 6g.     | \$0.00               |       |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts   | 6h.     | \$0.00               |       |
|                             | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                                | 6i.     | \$13,844.00          |       |
|                             | 6i Total Add lines 6f through 6i  | 6i.     | \$45,549.00          |       |

Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 34 of 71

| Fill in this infor  | mation to identify your c | ase:        |                      |  |
|---------------------|---------------------------|-------------|----------------------|--|
| Debtor 1            | Lakisha                   |             | Smith                |  |
|                     | First Name                | Middle Name | Last Name            |  |
| Debtor 2            |                           |             |                      |  |
| (Spouse, if filing) | First Name                | Middle Name | Last Name            |  |
| United States E     | Sankruptcy Court for the: | Northern    | District of Illinois |  |
|                     |                           |             | (State)              |  |
| Case number         |                           |             |                      |  |
| (If known)          |                           |             |                      |  |

### Official Form 106G

| Check if this is an |
|---------------------|
| amended filing      |

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 35 of 71

|            |               |                           | Do  | cument 1 a              | igc 33     | 0171   |
|------------|---------------|---------------------------|---|-------------------------|------------|--|
| Fill in t  | this infor    | mation to identify your c | ase:  |                         |            |  |
| Debtor     | r 1           | Lakisha                   |   | Smith                   |            |  |
|            |               | First Name                | Middle Name   | Last Name               |            | _  |
| Debtor     |               | =                         |   |                         |            | _  |
| (Spouse    | e, if filing) | First Name                | Middle Name   | Last Name               |            |  |
| United     | States B      | ankruptcy Court for the:  | Northern  | District of Illinois    |            | _  |
| Case n     | number        |                           |   | (State)                 |            |  |
| (If known  |               |                           |   |                         |            | _  |
|            |               |                           |   |                         |            | Check if this is an  |
| O (()      |               |                           |   |                         |            | amended filing   |
| Offi       | cial          | Form 106H                 |   |                         |            |  |
| Cab        | - all.        | . II. Varre Car           | lablana   |                         |            |  |
| <u>Scn</u> | eaui          | e H: Your Cod             | leptors   |                         |            | 12/15  |
| known)     | o you ha      | r every question.         | tach the Additional Page                                |                         |            | any Additional Pages, write your name and case number (if            |
|            | aho, Lou      | isiana, Nevada, New Me    | lived in a community pro<br>kico, Puerto Rico, Texas, W |                         |            | nmunity property states and territories include Arizona, California, |
|            |               | Go to line 3.             |   |                         |            |  |
|            | _             | -                         | er spouse, or legal equiva                              | lent live with you at t | ne time?   |  |
|            |               | No                        |   |                         |            |  |
|            |               | Yes. In which communit    | y state or territory did you                            | ı live?                 | Fil        | ill in the name and current address of that person.                  |
|            |               |                           |   |                         |            |  |
|            |               | Name of your spouse, t    | ormer spouse, or legal equ                              | ivalent                 |            |  |
|            |               | Number Street             |   |                         |            | -  |
|            |               | City                      | State   | Zip                     | Code       | -  |
|            |               |                           |   | •                       |            |  |
| 3. In      | Column        | 1, list all of your codel | otors. Do not include you                               | r spouse as a codebt    | or if your | r spouse is filing with you. List the person shown in line 2         |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line a again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 36 of 71

| Fill in this information to it   | dentify your case:   |                                     |  |  |   |
|--|--|-------------------------------------|--|--|---|
| Debtor 1 Lakisha   |  | Smith                               |  |  |   |
| First Name   | Middle Name  | Last Nam                            | e  | Che  | eck if this is:   |
| Debtor 2 (Spouse, if filing) First Name  | Middle Name  | Last Nam                            | <u> </u>                                     | ·   🗖  | An amended filing   |
|  |  |                                     |  |  | A supplement showing post-petition chapter 1  |
| United States Bankruptcy Cothe:  | ourt for <u>Northern</u>   | District of Illinoi (State          |  |  | expenses as of the following date:  |
| Case number  |  | (Stati                              | <del>5)</del>                                |  |   |
| (If known)   |  |                                     |  |  | MM / DD / YYYY  |
| Official Form 10   | )6I  |                                     |  |  |   |
| Schedule I: You  | <br>ir Income  |                                     |  |  | 12/1  |
| information about your sp  | ouse. If you are separated an<br>needed, attach a separate she<br>er every question.   | id your spouse i                    | is not filing v                              | vith you, do   | r spouse is living with you, include<br>not include information about your<br>ional pages, write your name and case |
| Fill in your employment  |  | Debtor 1                            |  |  | Debtor 2  |
| information.   | Employment status  |                                     |  |  |   |
| If you have more than one  | •  | Employed                            |  |  | Employed  |
| attach a separate page with<br>information about addition  |  | Not Empl                            | oyed   |  | Not Employed  |
| employers.   | Occupation   |                                     |  |  |   |
| Include part time, seasona self-employed work.   | l, or Employer's name  | ISD RENAL, I                        | NC.  |  |   |
| Occupation may include s   | Employer's address tudent  | Po Box 2076                         |  |  |   |
| or homemaker, if it applies  |  | Number Street                       |  |  | Number Street   |
|  |  |                                     |  |  | _   |
|  |  | Tacoma                              | Washington<br>State                          |  | City State Zip Code   |
|  |  | Citv                                |  | ZID Code   |   |
|  | How long employed  | City                                | State  | Zip Code   | City State Zip Code   |
|  | How long employed there?   | City                                |  | ZIP Code   | City State Zip Code   |
| Part 2: Give Details Al  |  | City                                | State  | Zip Code   | City State Zip Code   |
| Estimate monthly income spouse unless you are separed from the spouse unless you are separed from the spouse unless you are separed from the spouse from the s | e as of the date you file this for urated.  use have more than one employer  | <b>m.</b> If you have not           | thing to report                              | for any line, v  | write \$0 in the space. Include your non-filing or that person on the lines below. If you need                      |
| Estimate monthly income spouse unless you are sepa   | e as of the date you file this for urated.  use have more than one employer  | <b>m.</b> If you have not           | thing to report                              | for any line, v  | write \$0 in the space. Include your non-filing or that person on the lines below. If you need                      |
| Estimate monthly income spouse unless you are separate from the spouse unless you are separate from the spouse unless you are separate from the spouse space, attach a separate from the space.  2. List monthly gross was   | e as of the date you file this for urated.  use have more than one employer  | m. If you have not combine the info | thing to report<br>ormation for al<br>For De | for any line, v  | write \$0 in the space. Include your non-filing or that person on the lines below. If you need                      |
| Estimate monthly income spouse unless you are separately for your non-filing spourore space, attach a separately.  List monthly gross was deductions.) If not paid   | there?  cout Monthly Income  e as of the date you file this formated.  use have more than one employer rate sheet to this form.  ges, salary, and commissions (beformonthly, calculate what the monthly) | m. If you have not combine the info | thing to report<br>ormation for al<br>For De | for any line, volume for any line, volume for the formal section 1 | write \$0 in the space. Include your non-filing or that person on the lines below. If you need                      |

# Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 37 of 71

| Debtor                  | 1Lakisha Smi   |                   | Case numbe              | r <i>(if</i>                      |                         |
|-------------------------|--|-------------------|-------------------------|-----------------------------------|-------------------------|
|                         | First Name Middle Name Last  | t Name            | For Debtor 1            | For Debtor 2 or non-filing spouse |                         |
| Copy                    | line 4 here  | <b>→</b> 4        | \$3,562.46              |                                   |                         |
|                         | all payroll deductions:  |                   |                         |                                   |                         |
| 5a. <b>T</b>            | ax, Medicare, and Social Security deductions   | 5a.               | \$525.03                |                                   |                         |
| 5b. <b>N</b>            | Mandatory contributions for retirement plans   | 5b.               | \$0.00                  |                                   |                         |
| 5c. <b>V</b>            | oluntary contributions for retirement plans  | 5c.               | \$178.14                |                                   |                         |
| 5d. <b>F</b>            | Required repayments of retirement fund loans   | 5d.               | \$0.00                  |                                   |                         |
| 5e. lı                  | nsurance   | 5e.               | \$284.79                |                                   |                         |
| 5f. <b>D</b>            | omestic support obligations  | 5f.               | \$0.00                  |                                   |                         |
| 5g. <b>L</b>            | Jnion dues   | 5g.               | \$0.00                  |                                   |                         |
| 5h. <b>C</b>            | Other deductions. Specify: Legal Serv  | 5h. +             | \$15.7 <u>5</u> +       |                                   |                         |
| 6. <b>Add t</b><br>+5h. | the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 6c + 6$   | 5g 6.             | \$1,003.71              |                                   |                         |
| 7. Calcu                | ulate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                | \$2,558.75              |                                   |                         |
| 8. List a               | all other income regularly received:   |                   |                         |                                   |                         |
| b                       | let income from rental property and from operating a business, profession, or farm statement for each property and business showing  |                   |                         |                                   |                         |
| g                       | ross receipts, ordinary and necessary business expenses, and   |                   | ФО ОО                   |                                   |                         |
|                         | he total monthly net income.   | 8a.               | \$0.00                  |                                   |                         |
|                         | nterest and dividends  | 8b.               | \$0.00                  |                                   |                         |
| d                       | Family support payments that you, a non-filing spouse, or a lependent regularly receive nolude alimony, spousal support, child support, maintenance,   |                   |                         |                                   |                         |
|                         | livorce settlement, and property settlement.   | 8c.               | \$0.00                  |                                   |                         |
| 8d. <b>L</b>            | Jnemployment compensation  | 8d.               | \$0.00                  |                                   |                         |
| 8e. <b>S</b>            | Social Security  | 8e.               | \$0.00                  |                                   |                         |
| In<br>ca<br>ui<br>h     | other government assistance that you regularly receive include cash assistance and the value (if known) of any non-ash assistance that you receive, such as food stamps (benefits inder the Supplemental Nutrition Assistance Program) or ousing subsidies pecify: |                   | <b>#0.00</b>            |                                   |                         |
|                         | Panaian as satisament income   | 8f.               | \$0.00                  |                                   |                         |
|                         | Pension or retirement income   | 8g.<br>8h. +      | \$0.00<br>\$462.66 +    |                                   |                         |
|                         | Other monthly income. Specify:<br>er- Prorated Income Tax Refund   | 011. +            | \$402.00 +              | ·                                 |                         |
| 9. <b>Add a</b>         | all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8f  | h. 9. <u> </u>    | \$462.66                |                                   |                         |
|                         | ulate monthly income. Add line 7 + line 9.<br>the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spou  | 10.               | \$3,021.41              | =                                 | \$3,021.41              |
| Inclu<br>friend         | te all other regular contributions to the expenses that you list de contributions from an unmarried partner, members of your holds or relatives.   | usehold, your d   | ependents, your roomr   | ,                                 |                         |
| Do n<br>Spec            | ot include any amounts already included in lines 2-10 or amounts   | s mai are not av  | aliable to pay expenses | listed in <i>Schedule J.</i>      | \$0.00                  |
| Spec                    | आ <b>y</b> .   |                   |                         |                                   | \$0.00                  |
|                         | the amount in the last column of line 10 to the amount in li<br>that amount on the Summary of Schedules and Statistical Summ   |                   |                         |                                   | \$3,021.41              |
|                         |  |                   |                         |                                   | Combined monthly income |
| 13. <b>Do y</b>         | you expect an increase or decrease within the year after you   | u file this form? |                         |                                   |                         |
|                         | No.  |                   |                         |                                   |                         |
| 一片                      | Yes. Explain:  |                   |                         |                                   |                         |
|                         | ·  |                   |                         |                                   |                         |

### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 38 of 71

|                                   |  | Docu  | ument Page 38 of 7  | 1                 |   |
|-----------------------------------|--|---|---|-------------------|---|
| Fill in this infor                | mation to identify yo                          | ur case:  |   |                   |   |
| Debtor 1                          | Lakisha  |   | Smith   |                   |   |
|                                   | First Name                                     | Middle Name   | Last Name   | Check if this is: |   |
| Debtor 2<br>(Spouse, if filing)   | First Name                                     | Middle Name   | Last Name   | An amended filir  | ng  |
| United States E                   | Bankruptcy Court for t                         | he: Northern  | District of Illinois  |                   | howing post-petition chapter 13 the following date: |
| Case number                       |  |   | (State)   |                   |   |
|                                   |  |   |   | MM / DD / YYYY    | <i>!</i>  |
| Official                          | Form 106                                       | <u>J</u>  |   |                   |   |
| Schedul                           | e J: Your Ex                                   | xpenses   |   |                   | 12/15   |
| information. If                   | ·  |   | re filing together, both are equa<br>form. On the top of any addition |                   |   |
| Part 1: Des                       | cribe Your House                               | hold  |   |                   |   |
| 1. Is this a joi                  | nt case?                                       |   |   |                   |   |
| ✓ No. Go                          | to line 2                                      |   |   |                   |   |
| Yes. D                            | oes Debtor 2 live in                           | a separate household?   |   |                   |   |
|                                   | No   |   |   |                   |   |
|                                   | Yes. Debtor 2 mus                              | st file Official Forms 106J-2, <i>Exper</i>                               | nses for Separate Household of Deb                                    | otor 2.           |   |
| 2. Do you hav                     | e dependents?                                  | No  |   |                   |   |
|                                   | Debtor 1 and                                   | Yes. Fill out this information for  | Dependent's relationship to   | Dependent's       | Does dependent live                                 |
| Debtor 2.                         |  | each dependent  | Debtor 1 or Debtor 2 Child  | age<br>17 years   | with you?   |
|                                   |  |   | Office  | 17 years          | Yes.  |
|                                   |  |   | Child   | 21 years          | No.   |
|                                   |  |   |   |                   | ✓ Yes.  |
|                                   | penses include<br>f people other               | No  |   |                   |   |
| than<br>yourself an<br>dependents | -  | Yes   |   |                   |   |
|                                   |  |   |   |                   |   |
| Part 2: Esti                      | mate Your Ongoi                                | ng Monthly Expenses   |   |                   |   |
| _                                 | of a date after the ba                         |   | you are using this form as a supp<br>pplemental Schedule J, check th  | •                 | -   |
|                                   | •  | on-cash government assistance<br>ed it on <i>Schedule I: Your Incom</i> e | -   |                   | Your expenses                                       |
|                                   | l or home ownership<br>or the ground or lot. 4 | •   | nclude first mortgage payments and                                    | I                 | <b>\$870.00</b>                                     |
| If not inc                        | uded in line 4:                                |   |   |                   |   |
| 4a. Real e                        | state taxes                                    |   |   |                   | 4a <b>\$0.00</b>                                    |

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 39 of 71

Debtor 1 Lakisha Smith Case number (if known) Last Name Case number (if known)

| FIISTINAITIE  | MIDDIE Name  |            |               |
|---|--|------------|---------------|
|   |  |            | Your expenses |
| 5. Additional mortgage payme                                      | ents for your residence, such as home equity loans   | 5.         | \$0.00        |
| 6. Utilities:   |  |            |               |
| 6a. Electricity, heat, natural ga                                 | as   | 6a.        | \$130.00      |
| 6b. Water, sewer, garbage co                                      | llection   | 6b.        | \$0.00        |
| 6c. Telephone, cell phone, In                                     | ternet, satellite, and cable services  | 6c.        | \$235.00      |
| 6d. Other. Specify:   |  | 6d         | \$0.00        |
| 7. Food and housekeeping sup                                      | pplies   | 7.         | \$506.00      |
| 8. Childcare and children's ed                                    | ucation costs  | 8.         | \$0.00        |
| 9. Clothing, laundry, and dry o                                   | leaning  | 9.         | \$175.00      |
| 10. Personal care products ar                                     | nd services  | 10.        | \$105.00      |
| 11. Medical and dental expen                                      | ses  | 11.        | \$35.00       |
| 12. <b>Transportation.</b> Include gas Do not include car payment |  | 12.        | \$225.00      |
| 13. Entertainment, clubs, recr                                    | eation, newspapers, magazines, and books   | 13.        | \$0.00        |
| 14. Charitable contributions a                                    | nd religious donations   | 14.        | \$0.00        |
| 15. <b>Insurance.</b> Do not include insurance dec                | lucted from your pay or included in lines 4 or 20.   |            |               |
| 15a. Life insurance   |  | 15a        | \$0.00        |
| 15b. Health insurance   |  | 15b        | \$0.00        |
| 15c. Vehicle insurance  |  | 15c        | \$215.00      |
| 15d. Other insurance. Specify                                     | / <u>·</u>   | 15d        | \$0.00        |
| 16. Taxes. Do not include taxes                                   | deducted from your pay or included in lines 4 or 20.   |            |               |
| Specify:  |  | 16         | \$0.00        |
| 17. Installment or lease paym                                     | ents:  | 10         |               |
| 17a. Car payments for Vehicl                                      |  | 17a        | \$0.00        |
| 17b. Car payments for Vehicl                                      | e 2  | 17b        | \$0.00        |
| 17c. Other. Specify:  |  | 17c        | \$0.00        |
|   |  | 17d        | \$0.00        |
|   | , maintenance, and support that you did not report as deducted from  |            | \$0.00        |
|   | ıle I, Your Income (Official Form 106I).   | 18.        |               |
| 19. Other payments you make Specify:                              | to support others who do not live with you.  | 40         |               |
| -   | and the live of the form of the Control of the cont | 19.        | \$0.00        |
| 20. Other real property expens 20a. Mortgages on other pro        | es not included in lines 4 or 5 of this form or on Schedule I: Your Income.  | 20a        | \$0.00        |
| 20b. Real estate taxes.   | r - <b>7</b>   | 20a<br>20b | \$0.00        |
| 20c. Property, homeowner's,                                       | or renter's insurance  | 200<br>20c | \$0.00        |
| 20d. Maintenance, repair, and                                     |  | 20d        | \$0.00        |
| 20e. Homeowner's association                                      |  | 20d<br>20e | \$0.00        |
|   |  | 208        | <u> </u>      |

# Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 40 of 71

| Debtor 1 Lakisha  |                       | Smith       | Case number (if known) |            |
|---|-----------------------|-------------|------------------------|------------|
| First Name  | Middle Name           | Last Name   |                        |            |
| 21.Other. Specify:  |                       |             | 21                     | \$0.00     |
|   |                       |             | ,                      |            |
| 22. Calculate your monthly expenses.  |                       |             |                        | \$2,496.00 |
| 22a. Add lines 4 through 21.  |                       |             |                        | \$0.00     |
| 22b. Copy line 22 (monthly expenses   | ,,                    |             |                        | \$2,496.00 |
| 22c. Add line 22a and 22b. The result   | t is your monthly exp | enses.      | 22.                    |            |
| 23. Calculate your monthly net income   | <b>)</b> .            |             |                        |            |
| 23a. Copy line 12 (your combined mo   | onthly income) from   | Schedule I. | 23a                    | \$3,021.41 |
| 23b. Copy your monthly expenses from  | om line 22 above.     |             | 23b                    | \$2,496.00 |
| 23c. Subtract your monthly expenses   |                       | ncome.      |                        | \$525.41   |
| The result is your monthly net in   | icome.                |             | 23c                    | <u></u>    |
| For example, do you expect to finish mortgage payment to increase or decorded.  No Yes  Explain here: |                       |             |                        |            |

### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 41 of 71

| Fill in this information to identify your case: |            |             |                              |  |  |  |  |
|---|------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Lakisha    |             | Smith                        |  |  |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  |            |             |                              |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |  |  |
| Case number (If known)                          |            |             | (-1.1.3)                     |  |  |  |  |

### Official Form 106Dec

| П | Check if this is an |
|---|---------------------|
|   | amended filing      |

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |
|-----|--|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to h                                  | help you fill out bankruptcy forms?   |
|     | ✓ No   |   |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |  |   |
|     |  |   |
|     | Under penalty of perjury, I declare that I have read the summary that they are true and correct. | and schedules filed with this declaration and   |
| ×   | /s/ Lakisha Smith  | ×   |
|     | Signature of Debtor 1  | Signature of Debtor 2   |
|     | Date 10/3/2017   | Date  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |

Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 42 of 71

| Fill in this in    | formation to identify your                                     | case:                |                           |                |                  |                    |                           |
|--------------------|--|----------------------|---------------------------|----------------|------------------|--------------------|---------------------------|
| Debtor 1           | Lakisha  |                      | Smith                     |                |                  |                    |                           |
| Debtor 2           | First Name   | Middle N             | ame Last Nam              | е              |                  |                    |                           |
| (Spouse, if filing | g) First Name  | Middle N             | ame Last Nam              | е              | -                |                    |                           |
| United State       | es Bankruptcy Court for the:                                   | Northern             | District of Illino        |                |                  |                    |                           |
| Case numbe         | er   |                      | (Stat                     | e)             |                  |                    |                           |
| (If known)         |  |                      |                           |                |                  |                    | Check if this is a        |
| Officia            | l Form 107   |                      |                           |                |                  |                    | amended filing            |
| Statem             | ent of Financia  | al Δffairs fo        | or Individuals            | Filina fo      | r Bankru         | ntcv               | 04/1                      |
|                    | olete and accurate as po                                       |                      |                           |                |                  |                    |                           |
| information        | n. If more space is need<br>known). Answer every c             | ed, attach a sepa    |                           |                |                  |                    |                           |
|                    |  | •                    |                           |                |                  |                    |                           |
| Part 1: G          | ive Details About Your   | Marital Status       | and Where You Lived       | Before         |                  |                    |                           |
| 1. What            | is your current marital st                                     | atus?                |                           |                |                  |                    |                           |
|                    | Married  |                      |                           |                |                  |                    |                           |
|                    | Not married  |                      |                           |                |                  |                    |                           |
| 2. Durin           | ig the last 3 years, have y                                    | ou lived anywhere    | other than where you liv  | ve now?        |                  |                    |                           |
| ,                  | No   |                      |                           |                |                  |                    |                           |
|                    | vo<br>Yes. List all of the places y                            | ou lived in the last | 3 years. Do not include v | vhere you live | now.             |                    |                           |
|                    | , ,  |                      | ,                         | ,              |                  |                    |                           |
|                    | Debtor 1:  |                      | Dates Debtor 1 lived      | Debtor 2:      |                  |                    | Dates Debtor 2 lived      |
|                    |  |                      | there                     |                |                  |                    | there                     |
|                    |  |                      |                           | Same a         | s Debtor 1       |                    | Same as Debtor 1          |
| _                  |  |                      | F                         |                |                  |                    | F                         |
| <b>N</b>           | Number Street  |                      | From<br>To                | Number Str     | eet              |                    | From<br>To                |
| _                  |  |                      |                           |                |                  |                    |                           |
| <u> </u>           | City State   | Zip Code             |                           | City           | State            | Zip Code           |                           |
|                    |  |                      |                           | Same a         | s Debtor 1       |                    | Same as Debtor 1          |
| _                  |  |                      | F                         |                |                  |                    | F                         |
| <b>N</b>           | Number Street  |                      | From<br>To                | Number Str     | eet              |                    | From<br>To                |
| -                  |  |                      |                           | -              |                  |                    |                           |
| 7                  | City State   | Zip Code             |                           | City           | State            | Zip Code           |                           |
| 2 \A/i+h;          | the last 8 years did year                                      | wor live with a and  | nuce or logal agriculant  | in a communit  | v proporty of at | o or torritory? (C | Community property states |
|                    | the last 8 years, did you e<br>ritories include Arizona, Calif |                      |                           |                |                  |                    |                           |
| <b>✓</b> No        |  |                      |                           |                |                  |                    |                           |
|                    | es. Make sure you fill out S                                   | Schedule H: Your C   | Codebtors (Official Form  | 106H).         |                  |                    |                           |

#### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 43 of 71

Case number (if known)

Smith

Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$30599.46 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, \$37700.00 Wages, For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$28000.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2016 For the calendar year before that: (January 1 to December 31, 2015

Debtor 1 Lakisha

### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 44 of 71

Debtor 1 Lakisha Smith \_\_ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

# Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 45 of 71

| r 1                | Lakisha                            |  |  | Sm                                      |  | Case number                                 | (if known)  |
|--------------------|------------------------------------|--|--|---|--|---|---|
|                    | First Name                         |  | Middle Name  | Las                                     | t Name                                       |   |   |
| nsid<br>orp<br>ger | ders include your orations of whic | relatives; a<br>h you are a<br>for a busin | any general partners<br>an officer, director, p<br>ness you operate as | s; relatives of any poerson in control, | general partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | who was an insider? rou are a general partner; g securities; and any managing domestic support obligations, |
|                    | No<br>Yes. List all pay            | vments to :                                | an insider   |   |  |   |   |
| <b>V</b>           | res. List all pay                  | ymonio io i                                | ar insider.  | Dates of payment                        | Total amount paid                            | Amount you still owe                        | Reason for this payment   |
|                    | Bayley, Joann<br>Insider's Name    |  |  | 08/2017                                 | \$500.00                                     | \$100.00                                    | Loan Repayment  |
|                    | 8219 Morgan<br>Number Street       |  |  |   |  |   |   |
|                    | Chicago<br>City                    | Illinois<br>State                          | 60620<br>Zip Code  |   |  |   |   |
|                    | Insider's Name                     |  |  |   |  |   |   |
|                    | Number Street                      |  |  |   |  |   |   |
|                    | City                               | State                                      | Zip Code   |   |  |   |   |
| insid<br>Inclu     | der?<br>ide payments on            | ı debts gua                                | aranteed or cosigne  | d by an insider.                        | Total amount paid                            | Amount you still owe                        | n account of a debt that benefited an  Reason for this payment  Include creditor's name                     |
|                    | Insider's Name                     |  |  |   |  |   |   |
|                    | Number Street                      |  |  |   |  |   |   |
| _                  | City                               | State                                      | Zip Code   |   |  |   |   |
|                    | Insider's Name                     |  |  |   |  |   |   |
|                    | Number Street                      |  |  |   |  |   |   |
|                    | City                               | State                                      | Zip Code   |   |  |   |   |

#### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 46 of 71

Debtor 1 Lakisha Smith Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 47 of 71

| Debt | tor 1 Lakisha   | Smith                       | Case number (if known)                        |                       |
|------|---|-----------------------------|---|-----------------------|
|      | First Name Middle Name  | Last Name                   |   |                       |
| 11.  | Within 90 days before you filed for bankruptcy, did accounts or refuse to make a payment because your No  |                             | bank or financial institution, set off any am | ounts from your       |
|      | Yes. Fill in the details.   |                             |   |                       |
|      | Too. 1 iii ii i ii do dotallo.  |                             |   |                       |
|      |   | Describe the action the     | ne creditor took  Date action was taken       | Amount                |
|      | Creditor's Name   |                             |   | · ———                 |
|      | Number Street   |                             |   |                       |
|      |   | Last 4 digits of account    | number: XXXX-                                 |                       |
|      | City State Zip Code   |                             |   |                       |
| 12.  | Within 1 year before you filed for bankruptcy, was a appointed receiver, a custodian, or another official |                             | possession of an assignee for the benefit of  | f creditors, a court- |
|      | No  |                             |   |                       |
|      | Yes   |                             |   |                       |
| Part | List Certain Gifts and Contributions  |                             |   |                       |
| 13.  | Within 2 years before you filed for bankruptcy, did   | you give any gifts with a t | total value of more than \$600 per person?    |                       |
|      | ✓ No  Yes. Fill in the details for each gift.   |                             |   |                       |
|      | Gifts with a total value of more than \$600 per person  | Describe the gifts          | Dates you<br>gave the<br>gifts                | Value                 |
|      |   |                             |   |                       |
|      | Person to Whom You Gave the Gift  |                             |   |                       |
|      | Number Street   |                             |   |                       |
|      | City State Zip Code   |                             |   |                       |
|      | Person's relationship to you  |                             |   |                       |
|      | Parada Milana V. O antin Oife   |                             |   | _                     |
|      | Person to Whom You Gave the Gift  |                             |   |                       |
|      | Number Street   |                             |   |                       |
|      | City State Zip Code   |                             |   |                       |
|      | Person's relationship to you  |                             |   |                       |

# Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 48 of 71

| Dept  |          | Lakisha   | Smith  | Case number (if known)                                  |  |
|-------|----------|---|--|---|--|
|       |          | First Name Middle Name  | Last Name  |   |  |
|       |          |   |  |   |  |
| 14.   | Wit      | hin 2 years before you filed for bankruptcy   | y, did you give any gifts or contrib   | utions with a total value of more t                     | han \$600 to any charity?                  |
|       | <b>V</b> | No  |  |   |  |
|       | H        | Yes. Fill in the details for each gift or conti   | ribution   |   |  |
|       | Ш        | res. Fill lit the details for each gift of conti  | ribution.  |   |  |
|       |          | Gifts or contributions to charities   | Describe what you cont   |   |  |
|       |          | that total more than \$600  |  | contr   | ibuted                                     |
|       |          |   |  |   |  |
|       |          | Charity's Name  | <del></del>  |   |  |
|       |          | Charly 6 Hamo   |  |   |  |
|       |          | -   |  |   |  |
|       |          | Newstern Obert  |  |   |  |
|       |          | Number Street   |  |   |  |
|       |          | City State Zip Code   |  |   |  |
|       |          | City State Zip Code   |  |   |  |
| Danis | ٥.       | List Certain Losses   |  |   |  |
| Part  | 6:       | List Gertain Losses   |  |   |  |
|       |          |   |  |   |  |
| 15.   |          | nin 1 year before you filed for bankruptcy  | or since you filed for bankruptcy,   | did you lose anything because of t                      | theft, fire, other disaster, or            |
|       | gan      | nbling?   |  |   |  |
|       | <b>V</b> | No  |  |   |  |
|       | ¥        |   |  |   |  |
|       | Ш        | Yes. Fill in the details.   |  |   |  |
|       |          | Describe the property you lost and  | Describe any insurance   | coverage for the loss Date                              | of your Value of property                  |
|       |          | how the loss occurred   | Include the amount that in   |   | lost                                       |
|       |          |   | pending insurance claims   | on line 33 of <i>Schedule</i>                           |  |
|       |          |   | A/B: Property.   |   |  |
|       |          |   |  |   |  |
|       |          |   |  |   |  |
| Part  | 7:       | List Certain Payments or Transfers  |  |   |  |
|       |          | nin 1 year before you filed for bankruptcy,   |  | your behalf pay or transfer any pro                     | operty to anyone you consulted             |
|       | abo      | ut seeking bankruptcy or preparing a ban<br>ude any attorneys, bankruptcy petition prepar<br>No   | kruptcy petition?  |   |  |
|       | abo      | ut seeking bankruptcy or preparing a ban<br>ude any attorneys, bankruptcy petition prepar   | kruptcy petition?  |   |  |
|       | abo      | ut seeking bankruptcy or preparing a ban<br>ude any attorneys, bankruptcy petition prepar<br>No   | kruptcy petition?  | services required in your bankruptcy                    |  |
|       | abo      | ut seeking bankruptcy or preparing a ban<br>ude any attorneys, bankruptcy petition prepar<br>No   | skruptcy petition?  ers, or credit counseling agencies for                                       | services required in your bankruptcy                    | payment Amount of                          |
|       | abo      | ut seeking bankruptcy or preparing a ban<br>ude any attorneys, bankruptcy petition prepar<br>No   | kruptcy petition?  ers, or credit counseling agencies for  Description and value of              | services required in your bankruptcy any property  Date | payment Amount of payment                  |
|       | abo      | ut seeking bankruptcy or preparing a ban<br>ude any attorneys, bankruptcy petition prepar<br>No   | kruptcy petition?  ers, or credit counseling agencies for  Description and value of              | any property  Date or tra                               | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a ban<br>ude any attorneys, bankruptcy petition prepar<br>No<br>Yes. Fill in the details.  | ekruptcy petition?  ers, or credit counseling agencies for  Description and value of transferred | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a ban<br>ude any attorneys, bankruptcy petition prepar<br>No<br>Yes. Fill in the details.<br>Semrad Law Firm   | ekruptcy petition?  ers, or credit counseling agencies for  Description and value of transferred | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a ban ude any attorneys, bankruptcy petition prepar No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid  | ekruptcy petition?  ers, or credit counseling agencies for  Description and value of transferred | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a ban ude any attorneys, bankruptcy petition prepar No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue  | ekruptcy petition?  ers, or credit counseling agencies for  Description and value of transferred | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a ban ude any attorneys, bankruptcy petition prepar No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  | ekruptcy petition?  ers, or credit counseling agencies for  Description and value of transferred | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a ban ude any attorneys, bankruptcy petition prepar No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643  | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a ban ude any attorneys, bankruptcy petition prepar No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a ban ude any attorneys, bankruptcy petition prepar No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a ban ude any attorneys, bankruptcy petition prepar No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643  | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a ban ude any attorneys, bankruptcy petition prepar No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address   | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a ban ude any attorneys, bankruptcy petition prepar No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a band any attorneys, bankruptcy petition prepared No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address  Person Who Made the Payment, if Not You  | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a ban ude any attorneys, bankruptcy petition prepar No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address   | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a banude any attorneys, bankruptcy petition preparing No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid                                  | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a band any attorneys, bankruptcy petition prepared No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address  Person Who Made the Payment, if Not You  | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a banude any attorneys, bankruptcy petition preparing No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid                                  | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a banude any attorneys, bankruptcy petition preparing No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid                                  | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a banude any attorneys, bankruptcy petition preparing No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid                                  | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a banude any attorneys, bankruptcy petition preparing No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street                  | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a banude any attorneys, bankruptcy petition preparing No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street                  | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |
|       | abo      | ut seeking bankruptcy or preparing a band any attorneys, bankruptcy petition prepared No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code | Description and value of transferred  Attorney's Fee - 0.00                                      | any property  Date or tra was n                         | payment Amount of<br>nsfer payment<br>nade |

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 49 of 71

| Deb | tor 1 | Lakisha   |                          |  | ase number <i>(if known,</i> | )                                     |                                |
|-----|-------|---|--------------------------|--|------------------------------|---------------------------------------|--------------------------------|
|     |       | First Name  | Middle Name              | Last Name                                      |                              |                                       |                                |
| 17. | hel   | hin 1 year before you filed<br>p you deal with your credit<br>not include any payment or to<br>No                   | tors or to make payme    |  | nalf pay or transfer         | r any property to any                 | one who promised to            |
|     | П     | Yes. Fill in the details.   |                          |  |                              |                                       |                                |
|     |       |   |                          | Description and value of any pro transferred   | perty                        | Date payment or transfer was made     | Amount of payment              |
|     |       | Person Who Was Paid   |                          |  |                              |                                       |                                |
|     |       | Number Street   |                          |  |                              |                                       |                                |
|     |       | City State  | Zip Code                 |  |                              |                                       |                                |
|     | Incl  | ordinary course of your bude both outright transfers a transfers that you have alread No  Yes. Fill in the details. | and transfers made as se | ecurity (such as the granting of a securinent. |                              |                                       |                                |
|     |       |   |                          | Description and value of propert transferred   |                              | y property or<br>eceived or debts pai | Date<br>d transfer was<br>made |
|     |       | Person Who Received Tran  | sfer                     |  |                              |                                       |                                |
|     |       | Number Street   |                          |  |                              |                                       |                                |
|     |       | City State<br>Person's relationship to you  | Zip Code<br>u            |  |                              |                                       |                                |
|     |       | Person Who Received Tran  | sfer                     |  |                              |                                       |                                |
|     |       | Number Street   |                          |  |                              |                                       |                                |
|     |       | City State<br>Person's relationship to you  | Zip Code<br>u            |  |                              |                                       |                                |
| 19. | ben   | hin 10 years before you file<br>reficiary?<br>ese are often called asset-pro<br>No<br>Yes. Fill in the details.     |                          | l you transfer any property to a self-s        | settled trust or sim         | nilar device of which                 | you are a                      |
|     | _     |   |                          | Description and value of the pro               | operty transferred           |                                       | Date<br>transfer was<br>made   |
|     |       | Name of trust   |                          |  |                              |                                       |                                |

#### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 50 of 71

Debtor 1 Lakisha Smith Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code

City

State

Zip Code

# Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 51 of 71

| Deb  |          | Lakisha   |                | Smith           | Case                | e number (if known)                       |                |
|------|----------|---|----------------|-----------------|---------------------|---|----------------|
|      |          | First Name Middle Name  |                | ast Name        |                     |   |                |
| Part | 9:       | Identify Property You Hold or Control   | for Someon     | ne Else         |                     |   |                |
| 23.  | -        | you hold or control any property that some  | one else own:  | s? Include any  | property you be     | orrowed from, are storing for, or hold in | trust for      |
|      |          | No  |                |                 |                     |   |                |
|      |          | No  |                |                 |                     |   |                |
|      | Ш        | Yes. Fill in the details.   |                |                 |                     |   |                |
|      |          |   | Where is       | the property?   |                     | Describe the contents                     | Value          |
|      |          | Owner's Name  | NumberSt       | root            |                     |   |                |
|      |          | Owner's Name  | Numbersi       | reet            |                     |   |                |
|      |          | Number Street   |                |                 |                     |   |                |
|      |          |   |                |                 |                     |   |                |
|      |          |   | City           | State           | Zip Code            |   |                |
|      |          | City State Zip Code   |                |                 |                     |   |                |
|      |          | - Oily State Zip Gode   |                |                 |                     |   |                |
| Part | 10:      | Give Details About Environmental Int  | formation      |                 |                     |   |                |
| Far  | tha n    | umage of Dort 10, the following definitions and   | sh.e.          |                 |                     |   |                |
| FOI  | me p     | urpose of Part 10, the following definitions app  | Jiy.           |                 |                     |   |                |
|      |          | nvironmental law means any federal, state, or lo  |                | _               |                     |   |                |
|      |          | azardous or toxic substances, wastes, or mater<br>cluding statutes or regulations controlling the c               |                |                 |                     |   |                |
|      |          |   |                |                 |                     |   |                |
|      |          | <i>ite</i> means any location, facility, or property as de<br>r used to own, operate, or utilize it, including di |                | ny environmen   | itai iaw, whether y | ou now own, operate, or utilize it        |                |
|      |          |   | •              |                 |                     | alaura aulaukanaa                         |                |
|      |          | <i>lazardous material</i> means anything an environm<br>exic substance, hazardous material, pollutant, co         |                |                 | ious waste, nazar   | dous substance,                           |                |
| _    |          |   |                |                 |                     |   |                |
| кер  | оп а     | I notices, releases, and proceedings that you kr  | now about, reç | jardiess of whe | en they occurred.   |   |                |
| 0.4  |          |   |                |                 |                     |   |                |
| 24.  | nas      | any governmental unit notified you that yo  | u may be nat   | ne or potentia  | illy liable under   | or in violation of an environmental law?  |                |
|      | <b>✓</b> | No  |                |                 |                     |   |                |
|      |          | Yes. Fill in the details.   |                |                 |                     |   |                |
|      |          |   | Governme       | ental unit      |                     | Environmental law, if you know it         | Date of        |
|      |          |   |                |                 |                     |   | notice         |
|      |          | News of 22  | 0              | - 1 - 1 21      |                     |   |                |
|      |          | Name of site  | Governme       | ntai unit       |                     |   |                |
|      |          | Number Street   | NumberSt       | reet            |                     |   |                |
|      |          |   |                |                 |                     |   |                |
|      |          |   | City           | State           | Zip Code            |   |                |
|      |          | City State Zip Code   |                |                 |                     |   |                |
|      |          | ,   |                |                 |                     |   |                |
| 25.  | Hav      | e you notified any governmental unit of any   | release of h   | azardous mat    | erial?              |   |                |
|      |          | No  |                |                 |                     |   |                |
|      | 뇓        |   |                |                 |                     |   |                |
|      | Ш        | Yes. Fill in the details.   |                |                 |                     |   |                |
|      |          |   | Governme       | ental unit      |                     | Environmental law, if you know it         | Date of notice |
|      |          |   |                |                 |                     |   | notice         |
|      |          | Name of site  | Governme       | ntal unit       |                     |   |                |
|      |          |   |                |                 |                     |   |                |
|      |          | Number Street   | NumberSti      | reet            |                     |   |                |
|      |          |   | City           | State           | Zin Codo            |   |                |
|      |          |   | Oity           | State           | Zip Code            |   |                |
|      |          | City State Zip Code   |                |                 |                     |   |                |

# Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 52 of 71

| Debt |                | Lakisha              |                                  |                   | Smith  | Case nu                  | umber (if known)                                      |                    |
|------|----------------|----------------------|----------------------------------|-------------------|--|--------------------------|---|--------------------|
|      |                | First Name           | М                                | iddle Name        | Last Name  |                          |   |                    |
| 26.  | Hav            | e you been a party   | y in any judicia                 | ıl or administra  | ntive proceeding under   | any environmental        | law? Include settlements and order                    | rs.                |
|      | <b>✓</b>       | No                   |                                  |                   |  |                          |   |                    |
|      |                | Yes. Fill in the det | tails.                           |                   |  |                          |   |                    |
|      |                |                      |                                  | C                 | Court or agency  | ١                        | Nature of the case                                    | Status of the case |
|      |                | Case title           |                                  |                   | 2  |                          |   | Pending            |
|      |                |                      |                                  | _                 | Court Name   |                          |   | On appeal          |
|      |                | Case number          |                                  |                   | NumberStreet   |                          |   | Concluded          |
|      |                |                      |                                  | C                 | City State   | Zip Code                 |   | _                  |
| Part | 11:            | Give Details Ab      | oout Your Bu                     | siness or Co      | nnections to Any Bu  | siness                   |   |                    |
| 27.  | With           | A sole propri        | etor or self-em                  | ployed in a trad  | de, profession, or other   | activity, either full-ti | owing connections to any business?                    | •                  |
|      |                | A partner in a       | a partnership<br>rector, or mana | aging executive   | C) or limited liability pa<br>e of a corporation<br>quity securities of a corp |                          |   |                    |
|      |                | _                    |                                  | _                 | fairy occurrings of a corp   | Soldion                  |   |                    |
|      | $ \checkmark $ | No. None of the a    |                                  |                   |  |                          |   |                    |
|      | Ш              | Yes. Check all tha   | at apply above                   | and fill in the c | details below for each b   |                          |   |                    |
|      |                |                      |                                  |                   | Describe the natu  | ire of the business      | Employer Identification nu include Social Security nu |                    |
|      |                | Business Name        |                                  |                   | _  |                          | EIN:  |                    |
|      |                | Number Street        |                                  |                   | _  |                          | Dates business existed                                |                    |
|      |                | Number Street        |                                  |                   | Name of accounta   | ant or bookkeeper        | Butto Businoss oxiotou                                |                    |
|      |                | City                 | State                            | Zip Code          | _  |                          | FromTo  |                    |
|      |                |                      |                                  |                   |  |                          |   |                    |
|      |                |                      |                                  |                   | Describe the natu  | re of the business       | Employer Identification nu include Social Security nu |                    |
|      |                | Business Name        |                                  |                   | _  |                          | EIN:  |                    |
|      |                | Number Street        |                                  |                   | _  |                          | Dates business existed                                |                    |
|      |                |                      |                                  |                   | Name of accounta   | ant or bookkeeper        |   |                    |
|      |                | City                 | State                            | Zip Code          |  |                          | FromTo  |                    |
|      |                |                      |                                  |                   |  |                          |   |                    |
|      |                |                      |                                  |                   | Describe the natu  | ire of the business      | Employer Identification nu include Social Security nu |                    |
|      |                | Business Name        |                                  |                   | _  |                          | EIN:  |                    |
|      |                | Number Street        |                                  |                   | Name of account  | ant or hookkaanse        | Dates business existed                                |                    |
|      |                | City                 | State                            | Zip Code          | - Name of accounts   | ant or bookkeeper        | From To   |                    |
|      |                |                      |                                  |                   |  |                          |   | _                  |
|      |                |                      |                                  |                   |  |                          |   |                    |

# Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 53 of 71

| Deb  | otor 1 Lakisha                     |                     | Smith                       | Case number (if known)  |
|------|------------------------------------|---------------------|-----------------------------|---|
|      | First Name                         | Middle Name         | Last Name                   |   |
| 28.  | creditors, or other parties.       | bankruptcy, did yo  | u give a financial statem   | ent to anyone about your business? Include all financial institutions,  |
|      | No Yes. Fill in the details below. |                     |                             |   |
|      |                                    |                     | Date issued                 |   |
|      |                                    |                     | _                           | _   |
|      | Name                               |                     | MM/DD/YYYY                  |   |
|      | Number Street                      |                     | _                           |   |
|      | City State                         | Zip Code            | -                           |   |
| Pari | t 12: Sign Below                   |                     |                             |   |
|      |                                    | es up to \$250,000, | ,                           | erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      | Signature of Debtor                |                     |                             | Signature of Debtor 2   |
|      | ū                                  |                     |                             | Date  |
|      | Date 10/3/2017                     |                     |                             |   |
| ı    | Did you attach additional pages to | Your Statement of   | Financial Affairs for Indiv | iduals Filing for Bankruptcy (Official Form 107)?   |
|      | <b>√</b> No                        |                     |                             |   |
| i    | Yes                                |                     |                             |   |
| ı    | Did you pay or agree to pay someor | e who is not an att | orney to help you fill out  | bankruptcy forms?   |
|      | <b>✓</b> No                        |                     |                             |   |
| i    | Yes. Name of person                |                     |                             | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).                        |

Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 54 of 71

B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re | Lakisha Smith   | Northern Br                | Case                          | No.                    |                    |
|-------|---|----------------------------|-------------------------------|------------------------|--------------------|
|       | Debtor  |                            |                               | ·                      | If known)          |
|       |   |                            | Chap                          | ter Ci                 | napter 13          |
| 4     | DISCLOSURE OF   |                            |                               |                        |                    |
| 1.    | <ul> <li>Pursuant to 11 U.S.C. § 329(a) and I<br/>compensation paid to me within one<br/>rendered or to be rendered on behalf</li> </ul>  | year before the filing of  | the petition in bankruptcy, o | r agreed to be paid to | o me, for services |
|       | For legal services, I have agreed to a  | ccept                      |                               |                        | \$4,000.00         |
|       | Prior to the filing of this statement I   | have received              |                               |                        | \$0.00             |
|       | Balance Due   |                            |                               |                        | \$4,000.00         |
| 2.    | . The source of the compensation pai  | d to me was:               |                               |                        |                    |
|       | <b>Debtor</b>   | Other (spe                 | cify)                         |                        |                    |
| 3.    | . The source of the compensation pair   | d to me is:                |                               |                        |                    |
|       | Debtor  | Other (spe                 | cify)                         |                        |                    |
| 4.    | 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.   |                            |                               |                        |                    |
|       | I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. |                            |                               |                        |                    |
| 5.    | . In return for the above-disclosed fee<br>a. Analysis of the debtor's finar<br>bankruptcy;   | <del>-</del>               | <del>-</del>                  | · ·                    | -                  |
|       | b. Preparation and filing of any  | petition, schedules, state | ements of affairs and plan w  | hich may be required   | i;                 |
|       | c. Representation of the debtor   | at the meeting of creditor | ors and confirmation hearing  | , and any adjourned    | hearings thereof;  |
|       | d. Representation of the debtor   | in adversary proceeding    | s and other contested bankr   | uptcy matters;         |                    |
| 6.    | . By agreement with the debtor(s), the  | above-disclosed fee doe    | s not include the following s | services:              |                    |
|       |   |                            |                               |                        |                    |
|       |   | CERTI                      | FICATION                      |                        |                    |
|       | certify that the foregoing is a completor(s) in this bankruptcy proceedings.  | te statement of any agree  | ement or arrangement for pa   | yment to me for repr   | esentation of the  |
|       | 10/3/2017   |                            | /s/ Sean McNu                 | ilty                   |                    |
|       | Date  |                            | Signature of Atto             | rney                   |                    |
|       |   |                            | Semrad Law Fi                 | rm                     |                    |
|       |   |                            | Name of law fir               | m                      |                    |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 59 of 71

### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Smith, Lakisha | Case No   |                                      |
|-----------------|----------------|---|--------------------------------------|
|                 | Debtor(s)      | Oase No.  |                                      |
|                 |                | Chapter.  | Chapter13                            |
|                 | VERIF          | ICATION OF CREDITOR MAT                                 | TRIX                                 |
| Ti<br>knowledge |                | ify that the attached list of creditors is tr           | rue and correct to the best of their |
| Date:           | 10/3/2017      | /s/ Smith, Lakish<br>Smith, Lakisha<br>Signature of Del |                                      |

MECHANICS BANK FKA CRB PO BOX 25805 SANTA ANA, CA, 92799

US DEPT OF ED/GLELSI 2401 Internal Lane Attn: Chhengre Lim Madison, WI, 53704

CAPITALONE c/o Pollack & Rosen, P.C 1825 Barrett Lakes Blvd Suite 510 Kennesaw, GA, 30144

BARCLAYS BANK DELAWARE 698 1/2 South Ogden Street Buffalo, NY, 14206

CBNA Po Box 6497 Sioux Falls, SD, 57117

SYNCB/WALMART Po Box 530927 Atlanta, GA, 30353

CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS, NV, 89193

City of Chicago Parking 121 N. LaSalle St # 107A Chicago, IL, 60602

Village of Crestwood PO Box 6131 Carol Stream, IL, 60197

Illinois Tollway PO Box 5544 Chicago, IL, 60680

Providea Health Partners, LLC 10260 191st St Ste 100 Mokena, IL, 60448

### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 61 of 71

MACYS/FDSB 9111 DUKE BLVD MASON, OH, 45040

ComEd 1919 Swift Drive Oak Brook, IL, 60523

HRRG P.O. Box 459080 Fort Lauderdale, FL, 33345

ICS, Inc PO Box 1010 Tinley Park, IL, 60477

Advocate Medical Group 75 Remittance Dr Dept 1773 Chicago, IL, 60675

Advocate Health Care 4001 Vollmer Rd Olympia Flds, IL, 60461

PLS Financial One South Wacker Dr 36th Floor Chicago, IL, 60606

Trident University International 5757 Plaza Drive ste 100 c/o Adrienne Robertson Cypress, CA, 90630

# Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 62 of 71

| Debtor 1 Lakisha  |  |  | ase number (if known)  |  |
|---|--|--|--|--|
| First Name  Part 6: Answer These Qu   | Middle Name  Jestions for Reporting Purpose  | Last Name  |  |  |
| 16. What kind of debts do<br>you have?  | 16a. Are your debts primarily "incurred by an individua No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily | y consumer debts? Cons<br>d primarily for a personal,<br>y business debts? Busine<br>investment or through the | tumer debts are defined in 11 U.S.C family, or household purpose."  Ses debts are debts that you incurred a operation of the business or investment of the business or investment debts or business debts. | d to obtain  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that f   | r 7. Do you estimate that afte   | er any exempt property is excluded an<br>ribute to unsecured creditors?  | d administrative   |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ☑ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | ☐ 25,001-50,0<br>☐ 50,001-100,<br>☐ More than 10   | 000  |
| 19. How much do you<br>estimate your assets<br>to be worth?   |  | \$1,000,001-\$1<br>\$10,000,001-\$<br>\$50,000,001-\$<br>\$100,000,001-  | 50 million   | 001-\$10 billion<br>0,001-\$50 billion   |
| 20. How much do you<br>estimate your<br>liabilities to be?  | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million  | \$1,000,001-\$1<br>\$10,000,001-\$<br>\$50,000,001-\$<br>\$100,000,001-  | 50 million   | 001-\$10 billion<br>1,001-\$50 billion   |
| Part 7: Sign Below  |  |  |  |  |
| For you   | correct.  If I have chosen to file under Ch  | napter 7, I am aware that I  | of perjury that the information prov<br>may proceed, if eligible, under Chap<br>allable under each chapter, and I cha  | oter 7, 11,12, or 13   |
|   |  |  | pay someone who is not an attorned   | y to help me fill  |
|   | out this document, I have obtain   |  | quired by 11 U.S.C. § 342(b).<br>United States Code, specified in thi  | is netition  |
|   | I understand making a false state connection with a bankruptcy of both. 18 U.S.C. §§ 152, 1341, 1                              | tement, concealing proper<br>ase can result in fines up<br>1519, and 3571.                                     | ty, or obtaining money or property to \$250,000, or imprisonment for u   | by fraud in  |
|   | Signature of Debtor 1  | /  | Signature of Debtor 2  |  |
|   | Executed on 10/3/2017<br>MM / DD   | 7  | Executed onMM / DD / YY  | <del>\( \text{\tint{\text{\text{\text{\text{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\text{\tint{\text{\tint{\tint{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\tint{\tint{\text{\tint{\text{\tint{\text{\tin}\text{\text{\text{\tint{\text{\text{\text{\text{\tinit{\tinit{\text{\tinit{\text{\tinit{\text{\tinit{\text{\tinit{\text{\tinit{\tinit{\text{\tinit{\text{\tinit{\tinit{\text{\tinit{\tex{\tinit{\tinit{\tinit{\tinit{\text{\tinit{\tinit{\tinit{\text{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tiinit{\tinit{\tinit{\tiit{\tinit{\tiinit{\iiinit{\tiinit{\tiinit{\tiinit{\tiinit{\tiinit{\iiinit{\tiinit{\tiinit</del> |

### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 63 of 71

| Debtor 1                        | Lakisha                   |             | Smith                |
|---------------------------------|---------------------------|-------------|----------------------|
| D ( )                           | First Name                | Middle Name | Last Name            |
| Debtor 2<br>(Spouse, if filing) | First Name                | Middle Name | Last Name            |
| United States E                 | Bankruptcy Court for the: | Northern    | District of Illinois |
| Case number<br>(If known)       |                           |             | (State)              |

Check if this is an amended filing

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | Sign Below   |  |
|-----|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to h    | nelp you fill out bankruptcy forms?  |
|     | No No  |  |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and<br>Signature (Official Form 119). |
|     |  |  |
|     |  |  |
|     | Under penalty of perjury, I declare that I have read the summary a | and schedules filed with this declaration and  |
| x   | /s/ Lakisha Smith  | ×  |
| 1 . | Signature of Debtor 1  | Signature of Debtor 2  |
|     | Date 10/3/2017   | Date   |
|     | MM/DD/YYYY   | MM/DD/YYYY   |

## Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 64 of 71

| Debtor 1 Lakisha First Name                      | Middle Name                                    | Smith                        | Case number (ff known)  |
|--|--|------------------------------|---|
| rist name  | Middle Name                                    | Last Name                    |   |
| 28. Within 2 years before creditors, or other pa | e you filed for bankruptcy, did g<br>arties.   | you give a financial state   | ment to anyone about your business? Include all financial institutions  |
| Yes. Fill in the de                              | tails below.                                   |                              |   |
|  |  | Date issued                  |   |
| Name   |  | MM/DD/YYYY                   |   |
| Number Street                                    |  |                              |   |
| City   | State Zip Code                                 |                              |   |
| Part 12: Sign Below                              |  |                              |   |
| a bankruptcy case can                            | result in fines up to \$250,000  Lakisha Smith | , or imprisonment for up t   | perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|  | ure of Debtor 1                                |                              | Signature of Debtor 2   |
| Date   | 10/3/2017                                      |                              | Date  |
| Did you attach addition                          | nal pages to Your Statement o                  | f Financial Affairs for Indi | viduals Filing for Bankruptcy (Official Form 107)?  |
| <b>☑</b> No                                      |  |                              |   |
| Yes  |  |                              |   |
| Did you pay or agree to                          | pay someone who is not an a                    | ttorney to help you fill ou  | t bankruptcy forms?   |
| <b>☑</b> No                                      |  |                              |   |
| Yes. Name of person                              | 1  |                              | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).                               |

Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 65 of 71

### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re:          | Smith, Lakisha | Case No                                       |                                      |
|-----------------|----------------|---|--------------------------------------|
|                 | Debtor(s)      | Gase No.                                      |                                      |
|                 |                | Chapter.                                      | Chapter13                            |
|                 | VERIF          | ICATION OF CREDITOR MAT                       | ΓRIX                                 |
| Tł<br>knowledge |                | ify that the attached list of creditors is tr | rue and correct to the best of their |
| Date:           | 10/3/2017      | /s/ Smith, Lakish                             | na A                                 |
|                 |                | Smith, Lakisha<br>Signature of Deb            | btor                                 |

# Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 66 of 71

| Debt   | or 1 Lakisha<br>First Name                            | Middle Name  | Smith<br>Last Name                                    | Case number (if known)   |             |
|--------|---|--|---|--|-------------|
| 16.    |   | nily income that applies to y                                      |   |  |             |
|        | 16a. Fill in the state in which                       |  | Minois  |  |             |
|        | 16b. Fill in the number of p                          | ·  | 3   | -  |             |
|        | ·   | ly income for your state and si                                    |   | -  | \$76,406.00 |
|        | household   | ,  | To fir  | nd a list of applicable median income amounts, go online   | <del></del> |
| 17     | How do the lines compan                               |  | or this form. This list r                             | may also be available at the bankruptcy clerk's office.  |             |
| •••    | 17a. Line 15b is less th                              | nan or equal to line 16c. On th                                    | e top of page 1 of thi<br>NOT fill out <i>Calcula</i> | s form, check box 1, Disposable income is not determined tion of Disposable Income (Official Form 122C-2).         |             |
|        | 17b. Line 15b is more <i>U.S.C. § 1325(b)</i>         | than line 16c. On the top of pa                                    | age 1 of this form, ch<br>Calculation of Dispo        | eck box 2, <i>Disposable income is determined under 11</i> sable Income (Official Form 122C-2). On line 39 of that |             |
| Part   | Calculate Your Cor                                    | nmitment Period Under  | 11 U.S.C. §1325(I                                     | b)(4)  |             |
| 18.    | Copy your total average n                             | nonthly income from line 11.                                       |   |  | \$3,720.94  |
| 19.    | Deduct the marital adjust commitment period under 1   | ment if it applies. If you are 1 U.S.C. § 1325(b)(4) allows        | married, your spouse<br>you to deduct part of         | is not filing with you, and you contend that calculating the your spouse's income, copy the amount from line 13.   |             |
|        | 19a. If the marital adjustme                          | nt does not apply, fill in 0 on li                                 | ne 19a.   | 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -  | -\$0.00     |
|        | 19b. Subtract line 19a fro                            | m line 18.   |   |  | \$3,720.94  |
| 20.    | Calculate your current me                             | onthly income for the year. F                                      | ollow these steps:                                    |  |             |
|        | 20a. Copy line 19b.                                   | ******   |   |  | \$3,720.94  |
|        | Multiply by 12 (the nu                                | mber of months in a year).   |   |  | x 12        |
|        | 20b. The result is your curre                         | nt monthly income for the yea                                      | r for this part of the fo                             | orm.   | \$44,651.28 |
|        | 20c. Copy the median famil                            | y income for your state and siz                                    | e of household from                                   | line 16c.  | \$76,406.00 |
| 21.    | How do the lines compare                              | ?  |   |  |             |
|        | Line 20b is less than lin commitment period is 3      |  | ed by the court, on th                                | e top of page 1 of this form, check box 3, The   |             |
|        | Line 20b is more than of 4, <i>The commitment per</i> | or equal to line 20c. Unless oth<br>iod is 5 years. Go to Part 4.  | erwise ordered by the                                 | e court, on the top of page 1 of this form, check box  |             |
| Part 4 | Sign Below  |  |   |  |             |
|        | By signing here, I deda                               | e under penalty of perjury that                                    | the information on th                                 | nis statement and in any attachments is true and correct.  |             |
|        | <b>4</b>  |  | 44  |  |             |
|        | /s/ Lakisha Smit                                      |  | _   | Signature of Debtor 2  |             |
|        | •   | •  |   | Oignature of Deptor 2  |             |
|        | Date 10/3/2017<br>MM/DD/YYY                           | Y  |   | Date MM/DD/YYYY  |             |
|        |   | NOT fill out or file Form 122C-<br>out Form 122C-2 and file it wit |   | 9 of that form, copy your current monthly income from line   | 14          |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 68 of 71

6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

#### Case 17-29565 Doc 1 Filed 10/03/17 Entered 10/03/17 10:25:31 Desc Main Document Page 69 of 71

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$382.00  $\,$
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$72.00 for expenses, leaving a balance due of \$4,382.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:                  | 10/3/2017 | the second secon |
|------------------------|-----------|--|
| Signed:                |           |  |
| /s/takiøl<br>Debtor(s) | sha to    | /s/ Sean McNulty Attorney for Debtor(s)  |

Do not sign if the fee amounts at top of this page are blank.